

**Passaic Public Schools
Business Office
Payroll Department
2021-2022**

SUMMER SAVINGS PAY PLAN AUTHORIZATION/CANCELLATION

Name of Employee: _____

School/Office/Department: _____ Position: _____

Please Check One:

I hereby authorize the Payroll Department to enroll me in the Summer Pay Plan and deduct ten percent (**10%**) of my pay each month. I understand that the total lump sum of my deductions shall be paid to me no later than June 30th of the current year.

I wish to cancel my Summer Pay Plan.

Employee's Signature: _____ Date: _____