

Salary Options

NAME _____

SOCIAL SECURITY # _____

ADDRESS _____

TELEPHONE # _____

If you have a change in address and/or telephone number, please complete a Change of Address form and forward to the Central Office.

Please circle correct code for our files: (optional)

- EEO CODE: 1. White (not Hispanic)
- 2. Black (not Hispanic)
- 3. Hispanic
- 4. Asian or Pacific Islander
- 5. American Indian/Alaskan Native
- 6. Other

SALARY FOR CERTIFIED STAFF:

(Teachers-Principals, etc.)

- o Certified staff working less than 240 days will be paid in 12 equal payments (~~Sept. Aug – Aug July.~~)
- o Certified staff working 240 days or more will be paid in 12 equal payments (July – June)
- o Certified staff working in an hourly capacity will be paid for the hours worked in each pay period.
- o Certified Substitute Teachers will be paid for the days worked in each pay period.

SALARY ~~OPTIONS~~ FOR CLASSIFIED STAFF:

(IA’s; Custodians; Cafeteria Workers; Secretaries; Clerks; Bus Drivers; Student Workers; etc.)

~~———— I wish to have my annual salary paid in the following manner:~~

- 12 equal payments (Sept. – Aug., if working on school calendar
(July – June, if working year round))

Non-contracted Part-time employees will be paid for the actual hours worked each pay period.

Salary for Paraprofessional Coaching Staff:

Paraprofessional Coaches will be paid in accordance to the stipend payout schedule as provided to TKS and EHS Athletic Directors.

I understand that my deductions will remain the same unless changed by written request. I also understand that voluntary deductions that are pre-tax may only be changed during open enrollment.**

SIGNED: _____

DATE: _____

**** NOTE: If you need to change your Federal or State Withholding, please contact the Central Office or go to <http://etown.kyschools.us/Finance/index.html> for a new W-4 or K-4 form.**

An Equal Opportunity Employer Offering Equal Education Opportunities

Review/Revised:8/19/2024