

New Bedford Public Schools Payment Selection Form

In accordance with the section 409A: Tax Rules Defining Deferred Compensation for School Employees, I am hereby notified as an employee who has a choice between 26 equal biweekly payments or 21 equal biweekly payments during the school year. I must, in advance of the payment year, notify the employer in writing of the manner in which I wish to receive my pay.

In accordance with Article II, Section B of the N.B.E.A. contract this form must be returned by August 1, 2020.

Accordingly, I wish to receive my salary payments in the following manner:

- 26 equal payments.
- 21 equal payments paid during the school year with no money being deferred during July and August.

This notice of payment election will continue until I provide written notice.

Please note that no change will be made once the work year begins

Name: _____

Signature: _____

School: _____

Date: _____

Please retain a copy and return the original to the Office of Human Capital Services