

GREEN TOWNSHIP BOARD OF EDUCATION

69 Mackerley Road • P.O. Box 14, Greendell, NJ 07839

Phone: 973-300-3800 • Fax: 973-383-0594

SUMMER PAYMENT PLAN

Date: _____

Name: _____

Address: _____

In accordance with N.J.S.A. 18A:29-3; (one tenth) 1/10th of each participating employee's salary will be withheld from each paycheck. Checks will be mailed out by July 15th. Employees who elect to participate in the Summer Payment Plan must submit this form to the Business Office no later than September 1st. Those employees who are already enrolled will remain active in the plan, unless a written request to terminate participation is received prior to September 1st.

The employee shall also indemnify and hold harmless the Board of Education for any adverse tax or pension requirements resulting to the employee due to their participation in this plan.

Employee Signature