

To submit this request, choose one of these options:

- 1. Copy and paste the Employee statement below and email payroll@rsd7.net
- 2. Complete and send to RSD Financial Services Payroll through courier, US mail, or in person drop off to the District Office:

Reynolds School District #7, District Office Financial Services/Payroll 1204 NE 201st Ave., Fairview, OR 97024

EMPLOYEE STATEMENT

I, ______, request to receive ten (10) rather than the

standard twelve (12) paychecks.

- I understand that once signed, this request remains in effect *unless revoked after July 1 and before September 10th;* mid-year changes are not permitted.
- I understand that benefit deductions, if any, will be tripled on my June check to account for July and August deductions.
- I understand that I may owe repayment if my check does not cover the deductions.

PEID (employee number): _____

Employee Signature: _____

Date: _____