

**Request to Receive Local Supplement by  
Paycheck**

**I would like to receive my Local Supplement in each paycheck starting in the 2018/2019 school year. I understand and agree that once this is done I cannot be moved back to a yearly one-time payment.**

**School:** \_\_\_\_\_

**Employee Legal Name (*printed*):**

\_\_\_\_\_  
**Employee ID #:** \_\_\_\_\_

**Employee Signature:**

\_\_\_\_\_

**Date:** \_\_\_\_\_

*Form should be emailed to [ask.payroll@bcsemail.org](mailto:ask.payroll@bcsemail.org)*

*\*Form must be received by payroll before employees' first day of work for 2018/2019 school year.*

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**Below for Payroll use only**