

SUMMER PAYROLL REQUEST

PRINTED NAME

TODAY'S DATE

Dear Employee:

Please select a method of payment for receiving your summer payroll. This request will remain on file at the central office and will not change without notification from the employee in any successive year.

Please return this form to: Sabrina Hurst, ANW Coop Central Office

_____ I request that my summer salary be paid June 30th **

_____ I request that my summer salary be paid on a regular schedule: July and August 15th.

EMPLOYEE SIGNATURE

**** You will receive your regular June 15th check and the balance of your contract will be paid June 30th.**