

ANN ARBOR PUBLIC SCHOOLS
PERMANENT PAY FORM

This Form is for: SALARIED EMPLOYEES ONLY

THIS FORM IS FOR PAY CHANGES ONLY.

Please do not submit if no change is being made.

NAME: _____

SSN (LAST 4 DIGITS ONLY): _____

EMPLOYEE ID: _____

DATE: _____

CURRENT AAPS POSITION: _____

_____ I request that my contractual salary be divided to cover the:

SCHOOL YEAR ONLY

_____ I request that my contractual salary be divided to cover the:

SCHOOL YEAR AND THE SUMMER

ALL CHANGES **MUST** BE SUBMITTED TO PAYROLL **BEFORE** YOUR FIRST PAY OF THE
NEW SCHOOL YEAR.

Per IRS SECTION 409A regarding spread pay: This **CANNOT** be changed until the end of the cycle
chosen.

EMPLOYEE NAME (PRINT PLEASE)

EMPLOYEE SIGNATURE DATE

DATE

Reviewed By: _____