

OROVILLE UNION HIGH SCHOOL DISTRICT  
2211 Washington Avenue  
Oroville, CA 95966  
(530) 538-2300

TO: PAYROLL DEPARTMENT

DATE: \_\_\_\_\_

FROM: \_\_\_\_\_

RE: CONTRACTED SALARY

\_\_\_\_\_ I request that my annual contracted salary be divided over a 12 month payment period.

and

\_\_\_\_\_ I also understand that this request is for the entire \_\_\_\_\_ school year and that I may not change back to a 10 month pay period or receive advance payment on the withheld portion of my salary during the contracted year.

or

\_\_\_\_\_ I request that my annual contracted salary be paid in 10 equal monthly payments for the \_\_\_\_\_ school year.

\_\_\_\_\_  
Signed

8/88:30 Amended 7/91