

***CERTIFIED EMPLOYEES ONLY LUMP SUM PAYMENT REQUEST FORM***

**NAME:** \_\_\_\_\_

**SCHOOL:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**ID NUMBER:** \_\_\_\_\_

\_\_\_\_\_ **I am requesting lump sum payment, effective June 15, 2018.**

\_\_\_\_\_ **I am requesting that my lump sum payment be rescinded.**

**All requests for lump sum payment must be made by *APRIL 30th* of the current school year as required by State statutes. Only those employees who are under a teacher's contract may request lump sum payment.**

\_\_\_\_\_  
**Employee Signature**

\_\_\_\_\_  
**Employee Printed Name**

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**Please fax this form to: 913-551-3264) in the Payroll Business Office.**

**NOTE: The deadline for sending in this form is Friday, April 30, 2018.**