

MENTORING PROGRAM

Mentee Salary Reduction Agreement

BCIT Campus: _____ BCSSSD Campus: _____

I hereby authorize Burlington County Special Services School District or Burlington County Institute of Technology to deduct the following amount from my pay.

Please check the appropriate boxes below.

CEAS: (Certificate of Eligibility with Advanced Standing

_____ **\$27.50 per pay for 20 consecutive pay periods totaling \$550.00**

In the event of an unpaid Leave of Absence, deductions resume upon return to paid status unless payroll is notified by the Asst. Superintendent's Office to permanently discontinue.

CE: (Certificate of Eligibility) (Alternate Route Teacher)

_____ **\$50.00 per pay for 20 consecutive pay periods totaling \$1,000.00**

In the event of an unpaid Leave of Absence, deductions resume upon return to paid status unless payroll is notified by the Asst. Superintendent's Office to permanently discontinue.

Mentee Name (Please Print): _____

Mentee Signature: _____ **Date:** _____

Mentor Name: _____

Assistant Superintendent's Office Use:

Program Start Date: _____

Program End Date: _____

Date Deductions Begin: _____

Authorized Signature:

Assistant Superintendent

Date

Payroll Office Use:

Back Deductions (If applicable)

_____ x \$27.50

_____ x \$50.00

