



Mentoring Program
Mentee Salary Reduction Agreement

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

Please check the appropriate box.

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): _____

Employee Signature: _____

Mentor Name: _____

Assistant Superintendent's Office Use:

Program Start Date: _____

Program End Date: _____

Date Deductions Begin: _____

Authorized Signature:

Assistant Superintendent

Payroll Office Use:

Back Deductions (If applicable)

_____ x \$27.50

_____ x \$50.00

