



REQUEST FOR LONGEVITY PAY YONKERS COUNCIL OF ADMINISTRATORS

TO: Yonkers Council of Administrators

FROM: Department of Human Resources

RE: Longevity Pay

The Board provides for supervisors to receive longevity pay upon completion of ten, fifteen, twenty, twenty-five and thirty years of employment by the Board of Education.

Effective, July 1, 1994, professional staff members who are eligible for this provision should complete this "request for longevity" form. It is your responsibility to notify the Personnel Department of your eligibility on the form provided 90 days prior to commencing your 11th, 16th, 19th, 21st, 26th and 31st year for employment in the Yonkers School System.

Payment shall begin with the first pay check of the 11th, 16th, 19th, 21st, 26th & 31st year of employment.

TO: Department of Human Resources

FROM: _____ School/Dept _____
(Please Print)

Position: _____ Date: _____

Having completed 10 15 18 20 25 30 years of employment in the
(check one)

Yonkers Public Schools, I am hereby requesting a longevity payment of \$ _____

to become effective _____
(date)

Date of appointment in the Yonkers Public Schools: _____

Have you ever had a break in employment while with the Yonkers Public Schools? Yes No

If "YES", state dates and reason: _____

Signature of Person Making Request: _____ Date: _____

Reviewed by: _____ Date: _____ Effective date: _____

