



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

Employee Name (Please Print): \_\_\_\_\_

Employee Signature: \_\_\_\_\_

Assistant Superintendent's Office Use:
Program Start Date: \_\_\_\_\_
Program End Date: \_\_\_\_\_
Date Deductions Begin: \_\_\_\_\_
Authorized Signature:
Dr. Lisa J. English, Assistant Superintendent
Curriculum & Instruction
Mentor Name: \_\_\_\_\_

Payroll Office Use:
Back Deductions (If applicable)
\_\_\_\_\_ x \$27.50
\_\_\_\_\_ x \$50.00

