REQUEST TO BE PLACED ON THE TRANSPORTATION ALTERNATIVE PAY SCALE

I (Print Name) __________________________ hereby request to be placed on the Alternative Pay Scale. I understand that in doing so I will not be provided with Board provided insurance in an amount not to exceed $9,000. (This means you will not receive health insurance, dental insurance or life insurance provided by the Hendry County School District.)

I also affirm that I am currently covered with health insurance by __________________________ and have provided documentation of this insurance coverage.

I understand that switching to the Alternative Pay Schedule is irrevocable and that I will remain on this plan as long as I am employed as a Hendry County Transportation Employee.

I understand that on the day I switch to the Alternative Pay Schedule, I will no longer be covered by the Hendry County School District, Board provided insurance and my Board provided insurance card must be turned into Human Resources on that date.

______________________________
Signature

Date: ____________________________