

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: _____