



# DEPARTMENT OF EDUCATION

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## PERMANENT TEACHER'S PAY OPTION

DATE: \_\_\_\_\_

Teacher's Name: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

School/Division: \_\_\_\_\_

PLEASE SELECT ONE (1) OF THE OPTIONS BELOW:

- ( ) I wish NO CHANGE to my current salary schedule.
- ( ) I wish to sign-up for the NINE (9) months (1680 hours) teacher's salary schedule.
- ( ) I wish to sign-up for the TWELVE (12) months (2080 hours) teacher's salary schedule.

### \*\* READ BEFORE SIGNING:

I understand that this selection will be FINAL for the REMAINDER OF MY EMPLOYMENT with the Department of Education.

\_\_\_\_\_  
Signature of Employee

COMMONWEALTH NOW!

