



**Mahopac Central School District**

**NOTICE OF INTENT  
TO CONVERT WELFARE FUND  
CONTRIBUTION TO SALARY  
(Individual Contract Personnel)**

**NAME:** \_\_\_\_\_  
**POSITION:** \_\_\_\_\_  
**SCHOOL YEAR:** \_\_\_\_\_  
**DATE OF REQUEST:** \_\_\_\_\_

Per contract, I would like to convert \$\_\_\_\_\_ of my welfare fund contribution into salary.

\_\_\_\_\_  
**SIGNATURE**

\_\_\_\_\_  
Verification of availability of welfare fund contribution:

Total Contribution per contract	\$_____
(Less) Payments made	\$_____
Balance	\$_____

Verification by

\_\_\_\_\_  
**Health Benefits Assistant**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
Approved for payment of \$\_\_\_\_\_ welfare fund contribution on or before the \_\_\_\_\_ payroll.

\_\_\_\_\_  
**Business Office**

\_\_\_\_\_  
**Date**

cc: File  
Payroll