



Dr. Margaret A. DiNinno, Superintendent
Dr. Christina Monroe, Director of Special Education/Customized Services
Ms. Tammy Good, Business Manager

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CONSENT FOR ELECTRONIC PAY STUBS

NAME _____

By signing below, I hereby consent to receiving my payroll stubs electronically via the Web Portal. I understand that my consent to receive electronic delivery of such communications is voluntary, and may be withdrawn at any time. I acknowledge that I am solely responsible for the privacy of my Web Portal and maintaining the confidentiality of my user name and password information.

Signature _____ Date _____

This form may be returned to Barb Kumar. Questions? Contact the office at 412-828-1800 Ext 4030.

