



REQUEST FOR DEFERRED PAY
(FACULTY EMPLOYEES)

I am hereby making the following election administered by the school district (check one):

Begin (Will only take effect at the beginning of the contract year.)

Cancel (Will only be cancelled at the end of the contract year.)

I understand that this request does not imply that I am a 12-month employee, nor would my salary be equal to 12 months of employment. I further understand that my current salary remains the same, but is deferred over a 12 month period.

I also understand that Payroll must receive this form by June 30th in order it to be in effect for the new contract year.

Signature

_____/_____/_____
Date

Print Name

SSN (or Employee ID #)

Faculty Classified

(_____)_____
Phone Number

Cc: Payroll
 Personnel File