

**Fontana Unified School District
Classified Deferred Net Pay
Authorization Form**

I hereby authorize my annual net salary to be paid on a twelve (12) month basis. I understand that this authorization is not revocable during this school year, and that, on the basis of this authorization, deductions will be made in subsequent years unless written notice is received in the Payroll Department by June 30th.

I understand that 8.333% of my net semi-monthly paycheck will be deferred and paid in July if I am on a 22 pay cycle or 16.666% if my net semi-monthly paycheck will be deferred and paid in July and August if I am on a 20 pay cycle.

Signature

Name

Date

Social Security Number

School/Site

**Fontana Unified School District
Classified Deferred Net Pay
Notification to Revoke Election**

Effective Date of Revocation: July 1, _____

Please revoke my participation in the Deferred Net Pay Program on the effective date designated above. I understand that I will not be receiving any deferred net pay checks during the summer. This revocation can only be executed once a year.

Signature

Name

Date

Social Security Number

School/Site

For Payroll Use Only

Initials confirm that appropriate adjustments have been made. Initials: _____ Date: _____