

**FONTANA UNIFIED SCHOOL DISTRICT
PAYROLL DEPARTMENT**

Deferred Net Pay (DNP)
Authorization Form

10 Mo. Classified

11 Mo. Classified
(Check One)

Certificated

Name _____ Social Security # _____

Site _____ Position _____

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.

- ❖ **10 month employees:** 16.666% of the net pay will be deferred and paid on June 15th and July 15th for Classified employees. There will not be any voluntary deductions taken when the DNP check is issued on the dates above. (ie: Credit Union, TSA, Dues, Insurance)
- ❖ **11 month employees:** 8.333% of the net pay will be deferred and paid on July 15th for Classified and August 1st for Certificated. There will not be any voluntary deductions taken when the DNP check is issued on the dates above. (ie: Credit Union, TSA, Dues, Insurance)
- ❖ **Upon Resignation:** The balance of your DNP will be paid in full on the next available pay cycle.
- ❖ **As the employee:** After this initial enrollment, please verify on your check stub that you have a deduction for DNP which will be indicated in under "Employee Deductions" each pay period.

Employee Signature

Date

Please sign and keep a copy of this form for your records. This must be received by the payroll department by June 30th in order to take effect the following school year.

Payroll Initial / Date