

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25
26
27
28

PAYROLL PROCEDURES / SCHEDULES

(Deferred Wage Payment Election Form)

By my signature I hereby acknowledge that I have read and understand the School District's policy on deferred wages. Furthermore, by my signature on this form I am electing to defer payment of my wages on an annualized basis consisting of _____ payments. I understand that any change from an annualized election of payment requires that I notify the District prior to the beginning of duty for the fiscal year in which the change is being given.

_____	_____
Signature	Position
_____	_____
Printed name	Date signed

Policy History:

Adopted on: April 15, 2008
Reviewed on:
Revised on:

Revision Note: