

Deferred Net Pay Authorization Form

10-Month Certificated & Classified

Authorization For Participation:

By signing this authorization form I am requesting to participate in the SCOE Deferred Net Pay program, also known as DNP. As a DNP Program participant I authorize SCOE to withhold 16 2/3 % of my net pay from August to May. *I understand that the total amount withheld under the DNP program will be included in my June 30th paycheck.* I understand that all withholdings must be deducted over the 10 months I am employed.

I am aware that because I am electing to participate in the DNP program, my monthly net pay (take home pay) will be less than my net pay when receiving 10 monthly checks (non-DNP). I understand that once I sign this authorization form, my election to participate in the deferred net pay program is irrevocable for the fiscal year unless I end employment with SCOE. The fiscal year is July 1 to June 30.

___ I elect to Participate in the Deferred Net Pay Program. Certificated Classified

Print Name

Signature

Date

If you are electing DNP for the first time for next fiscal year this form must be turned in by June 1st.

Cancellation From Participation:

By signing this authorization form I am requesting to CANCEL my participation in the SCOE Deferred Net Pay program, also known as DNP. I understand that once I sign this cancellation form, my election to not to participate in the deferred net pay program is irrevocable for the fiscal year. The fiscal year is July 1 to June 30.

___ I elect to **CANCEL** my Participation in the Deferred Net Pay Program.
 Certificated Classified

Print Name

Signature

Date

Please Return to SCOE Human Resources Dept., 5340 Skylane Blvd., Santa Rosa, CA 95403. If you are cancelling DNP for the next fiscal year this form must be turned in by June 1st.

Personnel & Payroll Use only

Received by Human Resources:

Processed by payroll:

Notes: