

Sonoma Valley Unified School District

DEFERRED NET PAY AUTHORIZATION FORM 11 Month Certificated and Classified

Authorization for Participating

By signing this authorization form, I am requesting to participate in the Sonoma Valley Unified School District (SVUSD) Deferred Net Pay Program, also known as **DNP**. As a DNP participant, I authorize SVUSD to withhold **8.5%** of my **net pay** from the 11 months I am employed.

I understand that the total amount withheld under the DNP Program will be paid out on the June 30th payroll in one check. I also understand that **all withholdings** must be deducted **over the 11 months** I am employed.

I am aware that because I am electing to participate in DNP, my monthly net pay (take home pay) will be less than my net pay when receiving 11 month checks (non-DNP). **I understand that once I sign this authorization form, my election to participate in the DNP program is irrevocable for the fiscal year, unless I end employment with SVUSD. The fiscal year is from July 1 through June 30.**

I elect to participate in Deferred Net Pay. Certificated Classified

Print Name

Signature

Date

Cancellation from Participation:

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

I elect to CANCEL my participation in Deferred Net Pay.

Signature

Date

If you are cancelling DNP for the next fiscal year, this form must be turned by June 15.

Please return this form to the SVUSD Payroll Department