



New Haven USD Net Pay Salary Reserve Authorization Form

I hereby authorize my annual net salary to be paid on 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 August 9th.

I understand that 1/6 or 16.67% of my net check each month will be deferred and paid to me on the 11th and 12th checks in June.

_____		Signature	
_____	Name	_____	Date
_____	ID#	_____	School/Work Site



Deferred Net Pay Salary Authorization Form *Notification to Revoke Election*

_____	Name	_____	ID#
-------	------	-------	-----

Effective Date of Revocation: August 20, 20_____

Please revoke my participation in the Deferred Net Pay Salary Reserve Program on the effective date designated above. I understand that my earnings for the period September through June will be adjusted such that payment will be made in ten (10) monthly installments. This revocation can only be executed once a year from July 1st to August 9th.

_____	Signature	_____	Date
-------	-----------	-------	------

For Payroll Use Only	
Initials confirm that appropriate adjustments have been made. Initials _____	Date: _____