

FORM NO.

DA



DATE RECEIVED

PAYROLL

Deferred Salary Application

BOARD NO. [] [] [] BOARD NAME _____

SCHOOL NO. [] [] [] SCHOOL NAME _____

S.I.N. [] [] [] [] [] [] [] [] [] [] SURNAME _____ GIVEN NAME _____ INITIAL _____

MAILING ADDRESS	
NO. STREET _____	
CITY _____	PROV. _____
POSTAL CODE _____	PHONE NO. _____

SCHOOL YEAR OF ENROLLMENT [] [] [] [] / [] [] [] [] SCHOOL YEAR OF LEAVE [] [] [] [] / [] [] [] []

SCHEDULE OPTION (CHECK ONE)	
<input type="checkbox"/> 1	TWO OUT OF THREE YEARS
<input type="checkbox"/> 2	THREE OUT OF FOUR YEARS
<input type="checkbox"/> 3	FOUR OUT OF FIVE YEARS

INTEREST REPORTING OPTION (CHECK ONE)	
<input type="checkbox"/> 1	ANNUALLY
<input type="checkbox"/> 2	EVERY THIRD YEAR

DATE _____ TEACHER SIGNATURE _____
YY / MM / DD

DATE _____ BOARD AUTHORIZING SIGNATURE _____
YY / MM / DD

DATE _____ PAYROLL AUTHORIZING SIGNATURE _____
YY / MM / DD