

Employee ID Empl Rcd Effective Date _____
 Social Ins No. mm/dd/yyyy

Employee Name _____
 Address: _____

 District Code
 Location/School

- I wish to:
- Apply for Deferred Salary - (Complete Section A and sign below)
 - Cancel Deferred Salary - (Complete Section B and sign below)
 - Change/Defer Deferred Salary Options (Complete Section C and sign below)

Section A - Apply for Deferred Salary

School Year of Enrollment / School Year of Leave /

Select Option: A: Two out of Three Years B: Three out of Four Years C: Four out of Five Years

Teacher Signature mm / dd / yyyy

District Authorizing Signature mm / dd / yyyy

Section B - Cancel Deferred Salary Plan

I wish to cancel my involvement in the Deferred Salary Plan.

Teacher Signature mm / dd / yyyy

District Authorizing Signature mm / dd / yyyy

Section C- Change/Defer Deferred Salary Options

School Year of Enrollment / School Year of Leave /

Select Option: A: Two out of Three Years B: Three out of Four Years C: Four out of Five Years

Teacher Signature mm / dd / yyyy

District Authorizing Signature mm / dd / yyyy

Workforce Changes Completed By mm / dd / yyyy

Teachers Payroll Office Use Only

Deferred Salary Deductions	
Option	Deduction Code
A: Two out of Three Years	E00205 - Deferred Salary (33 1/3 %) TE
B: Three out of Four Years	E00206 - Deferred Salary (25%) TE
C: Four out of Five Years	E00207 - Deferred Salary (20%) TE

Payroll Changes Completed By: mm / dd / yyyy