

FORM NO.

DC



DATE RECEIVED

PAYROLL

DEFERRED SALARY CANCELLATION FORM

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

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

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

DATE _____ TEACHER SIGNATURE _____
YY / MM / DD

DATE _____ BOARD AUTHORIZING SIGNATURE _____
YY / MM / DD

DATE _____ PAYROLL AUTHORIZING SIGNATURE _____
YY / MM / DD