



Deferred Net Pay Request Form

Name: _____

Employee ID: _____

Department: _____

Phone Number: _____

I elect deferred net pay

I wish to terminate deferred net pay

I understand by electing deferred net pay my August – May net pay will be reduced. Pay that is deferred will be paid to me in June and July.

I understand I will not be able to request an early distribution of the funds held for Summer Pay unless I resign or retire prior to the end of the fiscal year.

Employee Signature

Date

Please return completed form to the Payroll Department