

FONTANA UNIFIED SCHOOL DISTRICT
PAYROLL DEPARTMENT

Deferred Net Pay (DNP)
Authorization Form

10 Mo. Classified

11 Mo. Classified
(Check One)

Certificated

Name _____ Social Security # _____

Site _____ Position _____

I hereby authorize my annual net salary to be paid on a 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 June 30.

TM