RIALTO UNIFIED SCHOOL DISTRICT

CLASSIFIED DEFERRED NET PAY
Election/Cancellation

_____   _____   _____
Name (Please print)   Social Security No.   Site

☐ I wish to elect Deferred Net Pay beginning with the _____school year.

____ I understand that: (1) One sixth (16.67%) of my net pay (take home pay) will be deferred each month to be paid on **JUNE 15 & JULY 15 (10-month employee).**

____ I understand that: (1) One twelfth (8.33%) of my net pay (take home pay) will be deferred each month to be paid on **JULY 15 (11-month employee).**

✎ *This election is irrevocable within the school year* ✎

☐ I wish to cancel Deferred Net Pay beginning with the _____ school year.

_____   _____
Signature   Date

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