

**Etiwanda School District
Deferred Net Pay (DNP)
Election Form
2019-2020**

Please select *one* option only:

_____ I hereby authorize my annual net salary to be paid on a 12 month basis.
I elect to participate in Deferred Net Pay (DNP).

_____ I do not elect to participate in Deferred Net Pay (DNP).

This form must be returned to the Payroll Department.

SIGNATURE

NAME – PRINT

SOCIAL SECURITY NUMBER

SITE

DATE