

**Etiwanda School District  
Deferred Net Pay (DNP)  
Election Form  
2018-2019**

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**