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5 **PAYROLL PROCEDURES/SCHEDULES**  
6 **(Deferred Wage Payment Election Form)**  
7

8 By my signature I hereby acknowledge that I have read and understand the School District's  
9 policy on deferred wages. Furthermore, by my signature on this form, I am electing to defer  
10 payment of my wages on an annualized basis consisting of \_\_\_\_\_ payments.  
11 I understand that any change from an annualized election of payment requires that I notify the  
12 District prior to the beginning of duty for the fiscal year in which the change is being given.  
13  
14  
15

16 \_\_\_\_\_  
17 Signature

\_\_\_\_\_ Position

18  
19 \_\_\_\_\_  
20 Printed name

\_\_\_\_\_ Date signed

21  
22  
23  
24 Form History:

25 Adopted on: 2/25/08

26 Reviewed on:

27 Revised on: