

Deferred Pay Request Form

Employee Name: _____

Social Security No: _____

School you currently receive your paycheck: _____

In 2010/2011 school year, I will transfer to this school: _____

_____ I choose to have deferred pay for the 2010/2011 School Year

_____ I choose NOT to have deferred pay for the 2010/2011 School Year

Employee Signature

Date