

# Sonoma Valley Unified School District

## DEFERRED NET PAY AUTHORIZATION FORM 10 Month Certificated and Classified

### Authorization for Participating

By signing this authorization form, I am requesting to participate in the Sonoma Valley Unified School District (SVUSD) Deferred Net Pay Program, also known as **DNP**. As a DNP participant, I authorize SVUSD to withhold **16.23%** of my **net pay** from the 10 months I am employed.

**I understand that the total amount withheld under the DNP Program will be paid out on the June 30th payroll in two checks.** I also understand that **all withholdings** must be deducted **over the 10 months** I am employed.

I am aware that because I am electing to participate in DNP, my monthly net pay (take home pay) will be less than my net pay when receiving 10 month checks (non-DNP). **I understand that once I sign this authorization form, my election to participate in the DNP program is irrevocable for the fiscal year, unless I end employment with SVUSD. The fiscal year is from July 1 through June 30.**

I elect to participate in Deferred Net Pay.       Certificated       Classified

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

### Cancellation from Participation:

By signing this authorization form, I am requesting to **CANCEL** my participation in the SVUSD Deferred Net Pay Program, also known as DNP. I understand that once I sign this cancellation form, my election to not participate in DNP is irrevocable for the fiscal year. The fiscal year is July 1 to June 30.

I elect to CANCEL my participation in Deferred Net Pay.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**If you are cancelling DNP for the next fiscal year, this form must be turned by June 15.**

**Please return this form to the SVUSD Payroll Department**