

**Deferred Net Pay Authorization Form
Cotati-Rohnert Park Unified School District
11 Month Employees**

Authorization:

By signing this authorization form, I am requesting to participate in the District Deferred Net Pay program, known as DNP. As a DNP program participant, I authorize the District to withhold 8 1/3% of my net pay. I understand that the total amount withheld under the DNP program will be paid to me on the June Regular payroll as a separate check, in addition to my regular June salary. I understand that once I sign this authorization form, my election to participate in the DNP program is irrevocable for the fiscal year. The fiscal year is July 1 to June 30.

Participation in DNP will continue with each succeeding fiscal year unless payroll receives a written notice by July 31st of that school year.

_____ I elect to participate in the Deferred Net Pay program.

_____ SSN _____
Print Name

_____ Date _____
Signature

Return to District Office by July 1