

VICTOR VALLEY UNION HIGH SCHOOL DISTRICT

**DEFERRED NET PAY SALARY RESERVE
CANCELLATION FORM**

I hereby revoke my Deferred Net Pay (DNP) Salary Reserve.

I understand that my cancellation will be effective on the next available pay cycle.

Cert _____ Class _____

Name (Print) _____

Social Security Number _____

Worksite _____

**I AM AWARE THAT THE BALANCE IN MY DNP ACCOUNT
WILL BE PAID OUT ON THE NEXT PAY WARRANT.**

Signature _____

Date _____