Dinuba Unified School District
DEFERRED PAY OPTION (SUMMER PAY)

Indicate below your preference for monthly payment. Once you select an option, you will be unable to modify your choice prior to July l of the next fiscal year. There will be no early payment of deferred summer pay. Complete and return this form to the payroll department at the district office.

10 Month Employees (Currently scheduled to work August – May; receiving 10 equal checks)

☐ Deferred Pay - Twelve (12) monthly payments beginning the last work day of August and ending the last work day of July following the end of the fiscal year. The June and July payments will be based on a monthly summer pay deferment of 1/6th of my gross earnings (exclusive of overtime and coaching stipends) for the months of August through May. I will receive ½ of this deferment at the end of June and the balance at the end of July. If participation in the summer pay process begins after the August payroll, correspondingly smaller payments will be received for June and July. Please note: your June & July summer pay will not have taxes withheld as the taxes were paid (August – May).

11 Month Employees (Currently scheduled to work August – June; receiving 11 equal checks)

☐ Deferred Pay - Twelve (12) monthly payments beginning the last work day of August and ending the last work day of July following the end of the fiscal year. The July payment will be based on a monthly summer pay deferment of 1/12th of my gross earnings (exclusive of overtime and coaching stipends) for the months of August through June. I will receive this deferment the last work day of July. If participation in the summer pay process begins after the August payroll, a correspondingly smaller payment will be received for July. Please note: your July summer pay will not have taxes withheld as the taxes were paid (August – June).

Cancel Deferred Pay

☐ I currently have the summer pay option and by checking this box, I am electing to **CANCEL** this option and have all that has been withheld paid to me. By withdrawing from this program early, I understand that I am ineligible to participate in the summer pay option at any time in the future.

Employee Name: _____ Last 4 digits of SSN: _____

Signature: _____ Date: _____

Note: Do not return this form if you are not making any changes to your existing option.