



**RIALTO UNIFIED SCHOOL DISTRICT
CERTIFICATED DEFERRED NET PAY
Election/Cancellation**

Name (Please Print)

Social Security Number

Site

I wish to elect Deferred Net Pay beginning with the _____ school year.

I understand that: (1) One sixth (16.67%) of my net pay (take home pay) will be deferred each month to be paid on **JULY 1 & AUGUST 1 (10-month employee).**

 **THIS ELECTION IS IRREVOCABLE WITHIN THE SCHOOL YEAR** 

I wish to cancel Deferred Net Pay beginning with the _____ school year.

Signature

Name (Printed)

Date

NOTE: If you have any questions please call payroll at (909)820-7700