BARSTOW COMMUNITY COLLEGE

Deferred Net Pay (DNP) Salary Reserve Authorization Form

Enrollment Options:

☐Regular Faculty (10-month)
☐Classified Staff (10- or 11-month)

Authorization Statement:

I hereby authorize my annual net salary to be paid on a 12-month basis.

I understand that while I am unable to modify the contribution amount during the school year, I may discontinue participation at any time by submitting written notice to the Payroll Department no later than the 10th of the month.

I understand that while the deduction percentage is fixed, the actual monthly dollar amount may vary due to additional earnings such as overtime or overload compensation.

I understand that the following conditions apply:

Deduction Schedule

- **10-month employees**:
  1/6th (16.67%) of monthly net pay will be deferred and disbursed in the July 1 and August 1 payrolls. *(Work 10, Paid 12)*
- **11-month employees**:
  1/12th (8.33%) of monthly net pay will be deferred and disbursed in either the July 1 or August 1 payroll. *(Work 11, Paid 12)*

Cancellation Request

☐I request to cancel my Deferred Net Pay (DNP) selection.
Effective Date: _____

Employee Acknowledgment:

Please print, sign, and date below

Signature: _____

Print Name: _____

Date: _____