



Monterey County Office of Education

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Dr. Nancy Kotowski
Monterey County Superintendent of Schools

MONTEREY COUNTY OFFICE OF EDUCATION PERSONNEL SERVICES

Deferred Pay Program

EMPLOYEE NAME: _____ SS#: _____

JOB TITLE: _____ WORKSITE: _____

WORK YEAR (Check One) 10 Months 11 Months

I wish to register for the Deferred Pay Program, and hereby request that a portion of my Monthly pay is set-aside for the months of July and/ or August.

I understand that if I decide to stop participation in the Deferred Pay Program during the Work year, I must submit a written request to Human Resources Department to do so. It is further understood that I would not be able to reinstate the Deferred Pay Program until the beginning of the next school year.

Employee Signature:

Date

Detach and return your fully executed form to Human Resources no later than August 15th (for 11 Month Employees) or September 15th, (for 10 Month Employees).