

EAST SIDE UNION HIGH SCHOOL DISTRICT  
830 North Capitol Avenue  
San Jose, Ca. 95133

TO: Payroll Department

SUBJECT: Deferred Pay Option

I am hereby making the following election regarding the "deferred pay" option administered by the school district.

\_\_\_\_\_ **Begin** (May only take effect at the beginning of the contract year.)

\_\_\_\_\_ **Cancel** (If received in the payroll department by the 20th of the month , it will take effect at the end of that month. Otherwise, it will be effective in the subsequent month. In the month that this becomes effective, all previously deferred amounts will be paid.)

In order to process this request all appropriate information must be provided:

\_\_\_\_\_  
Signed

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Location

\_\_\_\_\_  
Phone Number

\_\_\_\_\_ Certificated (or) \_\_\_\_\_

\_\_\_\_\_ Classified

**A ~ F Lisa Alarcon @ 347-5081**

**Y ~ Z**

**G ~ M Anna Rizzo @ 347 - 5074**

**N ~ X Luz Duroyan @ 347-5082**