

SALINAS UNION HIGH SCHOOL DISTRICT  
PAYROLL DEPARTMENT

SUMMER DEFERRED PAY REQUEST

NAME OF EMPLOYEE \_\_\_\_\_

SOCIAL SECURITY # XXX -- XX -- \_\_\_\_\_

**CHECK ONE:**

\_\_\_\_\_ 10 – Pay Period

\_\_\_\_\_ 12-Pay Period

I understand that I may change the number of pay periods only once during the fiscal year. I also understand that my gross earnings will be impacted, thereby having possible tax consequences.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date