Newfoundland Deferred Salary Add/Cancel/Change/Defer Dept of Education Labrador			
Employee ID Empl Rcd Effective Date Social Ins No.			
Employee Name Address: District Code Location/School			
Apply for Deferred Salary - (Complete Section A and sign below) Cancel Deferred Salary - (Complete Section B and sign below) Change/Defer Deferred Salary Options (Complete Section C and sign below) Section A - Apply for Deferred Salary			
School Year of Enrollment / School Year of Leave /			
Select Option: A: Two out of Three Years B: Three out of Four Years C: Four out of Five Years			
Teacher Signature mm / dd / yyyy			
District Authorizing Signature mm / dd / yyyy			
Section B - Cancel Deferred Salary Plan			
I wish to cancel my involvement in the Deferred Salary Plan.			
Teacher Signature mm / dd / yyyy			
District Authorizing Signature mm / dd / yyyy			
Section C- Change/Defer Deferred Salary Options			
School Year of Enrollment / / School Year of Leave / / / / / / / / / / / / / / / / / / /			
Select Option: A: Two out of Three Years B: Three out of FourYears C: Four out of Five Years			
Teacher Signature mm / dd / yyyy			
District Authorizing Signature mm / dd / yyyy			
Workforce Changes Completed By mm / dd / yyyy			

Teachers Payroll Office Use Only

Deferred Salary Deductions			
	Option	Deduction Code	
	A: Two out of Three Years	E00205 - Deferred Salary (33 1/3 %) TE	
	B: Three out of Four Years	E00206 - Deferred Salary (25%) TE	
	C: Four out of Five Years	E00207 - Deferred Salary (20%) TE	
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	Payroll Changes Completed By: mm / dd / yyy		