

**School District of Hillsborough County, Florida  
Salary Reduction Agreement for 403(b) Annuity  
Contract or 403(b)(7) Custodial Account**

TSA Company Name	TSA Company Code
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Employee's Name	Employee I.D. Number
Work Location Name & Code	Payroll Code
Date of Continuous Employment:	Annual Salary: \$

**Original Agreement**

With respect to services rendered by the Employee hereafter, the Employer and the Employee hereby agree the Employee's compensation for such services shall be reduced by:

Equal amounts of \$ \_\_\_\_\_ or \_\_\_\_\_ % per pay period beginning the \_\_\_\_\_, 20\_\_ pay period.

The amount elected above shall result in a total ANNUAL REDUCTION not to exceed the maximum allowable contribution calculation as stated below. The Employer agrees that it will remit the amount of such reduction for the 403(b) Tax Sheltered Annuity or 403(b)(7) custodial account offered by the Company listed above.

**Amendment Agreement - Type of Change Desired**

Increase from \$ \_\_\_\_\_ or \_\_\_\_\_ % per pay period to \$ \_\_\_\_\_ or \_\_\_\_\_ % beginning the \_\_\_\_\_, 20\_\_ pay period.

Decrease from \$ \_\_\_\_\_ or \_\_\_\_\_ % per pay period to \$ \_\_\_\_\_ or \_\_\_\_\_ % beginning the \_\_\_\_\_, 20\_\_ pay period.

Suspend — Name of Company \_\_\_\_\_

**Effective Date of Suspension** \_\_\_\_\_, 20\_\_

I have read the above and understand the proposed change. I hereby request that such change be effected. I realize that if the change results in decrease or elimination of reduction under the 403(b) T.S.A. program, that this reduction or elimination cannot be "made up" in the future unless it falls within the allowable limits for that year.

**One Time Deduction**

One-time reduction from Terminal Pay \$ \_\_\_\_\_  Bonus  Regular Pay

Total from Pay

The Employee expressly understands and agrees that if the amount requested above is more than the amount due to the Employee (less applicable taxes), no reduction will be made and the entire amount will be paid to the Employee.

This Agreement shall be legally binding and irrevocable with respect to amounts earned while the Agreement is in effect, and any termination of this Agreement shall be effective only with respect to amounts not yet earned at the time of said termination. It is provided that this reduction does not exceed the Employee's statutory limits under Section 402(g) and Section 415 of the Internal Revenue Code. This limits the total allowable salary reduction to all Companies to which salary reduction contributions can be made. **This Agreement should be accompanied by the Maximum Allowable Contribution calculation for the current tax year, signed by the Employee and company representative.** It is understood that the amount specified will be forwarded to the Company listed above. In the event that the calculations provided by the District are lower than the calculations provided by the company / representative, the District's calculation shall prevail.

I hereby authorize my Employer to reduce or suspend any contributions established by this agreement, if in its opinion, the total annual contributions would exceed my Maximum Allowable Contribution in any calendar year.

The Employee is responsible for the accuracy of the excludable amounts stated in this Agreement. Any overstatement of the amounts excludable as a salary reduction in this agreement, or any other violation of the requirement of Section 403(b) could result in additional taxes, interests, and penalties to the Employee.

It is the intent of the parties that the non-forfeitable retirement deferred annuity or custodial contract pursuant to this Agreement shall qualify for the Federal Income Tax benefits provided for in Section 403(b) of the Internal Revenue Code of 1986, as amended. **Any change to this Agreement must be in writing to the Employer and becomes effective upon the execution of this Agreement by Employee and Employer.**

This Agreement may be terminated by either the Employer or Employee upon thirty (30) days notice to the Company and to the Employer or Employee as applicable.

**Effective Date of this Agreement** \_\_\_\_\_, 20\_\_ . School District of Hillsborough County, Florida

\_\_\_\_\_  
AGENT / REPRESENTATIVE SIGNATURE

\_\_\_\_\_  
PRINT AGENT / REPRESENTATIVE NAME

Dated \_\_\_\_\_, 20\_\_

**Employee: Daytime Telephone:** (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ **Ext** \_\_\_\_\_

\_\_\_\_\_  
EMPLOYER REPRESENTATIVE

\_\_\_\_\_  
EMPLOYEE SIGNATURE

Dated \_\_\_\_\_, 20\_\_

**Evening Telephone:** (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_