

Park County School District 6
919 Cody Avenue
Cody, Wyoming 82414
(307) 587-4283

**AUTHORIZATION FOR PAYROLL DEDUCTION
TAX DEFERRED ANNUITY 403(b)**

Submit to the Business Office by the 10th of the month for reduction in the same month.
A separate form is required for each transaction.

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(PLEASE PRINT OR TYPE)

Name _____
School/Department _____
Social Security Number _____
Effective Payroll Month _____
Check One: New Change Cancel
TSA Company _____

MONTHLY DEDUCTION - CONTRIBUTION AMOUNTS

Employer paid Benefit Amount: \$ _____
Employee Deduction Amount: \$ _____
TOTAL \$ _____

*Select a Financial Institution from the attached list.
You must attach a copy of your Financial Institution's Application for Salary Reduction to this form*

SALARY REDUCTION AGREEMENT

This authorization and Salary Reduction Agreement is made by the undersigned as an employee of Park County School District 6, Cody, Wyoming.

I hereby authorize the School District to make the above salary reduction from my compensation for the purpose indicated. I understand that this authorization or change in authorization shall be effective only for amounts earned after its effective date above. I understand this agreement shall continue thereafter until the cessation of my employment with the School District or until modified or revoked by the delivery of a subsequent written notice from me to the District. I understand that this authorization for payroll reduction may be terminated by me at any time with respect to compensation earned after the date of my delivery of notice of intent to terminate this agreement.

This agreement is irrevocable with respect to amounts earned while the agreement is in effect. I further understand that I may only make one election with regard to this agreement in each calendar year and that any change in the amount of the salary reduction is considered as an election I also understand that I can only make one agreement for salary reduction in each calendar year.

No change to this salary reduction agreement may be made retroactive.

EMPLOYEE SIGNATURE _____ **DATE:** _____

STRICT REPRESENTATIVE _____ **DATE:** _____