

Salary Reduction Agreement Murray State University

Name (Please print) _____ M# _____

Department _____ Campus Phone _____

☐ Base salary is received on a monthly basis ☐ Base salary is received on a bi-weekly basis

Amount of salary reduction will be \$_____ per pay period
(Monthly or bi-weekly as shown above).

BY THIS AGREEMENT, made between _____ (employee) and
Murray State University, the parties hereto agree as follows:

1. Effective with respect to amounts earned on or after the first day of _____, 20____ (which date is subsequent to the execution of this agreement), the employee's base salary shall be reduced by the amount as indicated.
2. The amount of the salary reduction will produce a total contribution equal to or less than the employee's maximum exclusion allowance under Section 403(b) of the Internal Revenue Code. The amount specified above shall be forwarded to _____ by Murray State University after the end of each month.
3. This agreement shall be legally binding as to each of the parties hereto while employment continues unless it is changed/terminated as outlined in #4 below.
4. This agreement may be changed/terminated by either party as of the end of any month by giving at least 30 days' written notice of the date of termination.
5. For those who have requested a significant salary reduction, the University's Internal Auditor will review and approve the salary reduction agreement prior to its being processed.
6. It is the employee's responsibility to contact the 403(b), 401(k), or 457 companies to establish an account **prior** to requesting the salary reduction.
7. After completing this form, please return it to the Human Resources office located at 404 Sparks Hall.

I hereby agree to the conditions as stated above and execute this agreement this

_____ day of _____, 20____.

Employee Signature

Date Signed

Human Resources Representative

Date Signed