



HUMAN RESOURCES

PHONE: 610-328-8397
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VOLUNTARY/SUPPLEMENTAL SALARY DEFERRALS
SALARY REDUCTION AGREEMENT (SRA)

The AGREEMENT, between _____ (the "Employee") and Swarthmore College, (the "College"), the parties hereto agree as follows:

Effective the first day of (Print Month) _____ (Print Year) _____, the Employee's base salary will be reduced by the amounts indicated below, provided the **form is submitted at least thirty (30) days prior to the requested effective date for the respective payroll.** Otherwise, the change will be effective the first of the following month or as soon as administratively feasible.

This agreement shall be legally binding and irrevocable as to each of the parties hereto while employment continues; provided, however, that the Employee may terminate or modify salary reduction attributable to the Voluntary/Supplemental contributions to the Regular Retirement Plan **by giving at least thirty (30) days written notice.**

The amount of the salary reduction (which may not produce a total contribution in excess of the limitations under Sections 403(b), 402(g), and 415(c) of the Internal Revenue Code) shall be:

VOLUNTARY/SUPPLEMENTAL CONTRIBUTIONS TO THE RETIREMENT PLAN WITH TIAA (ded code RST)

We cannot accept % deductions at this time, they have to be flat \$ amounts. The amount written below should NOT include your Employee 5.5% Mandatory/Basic contribution amount. The amount on this form is a separate payroll deduction from the Employee 5.5% Mandatory/Basic contribution.

\$ _____ PER MONTHLY PAYCHECK

\$ _____ PER BIWEEKLY PAYCHECK

(if you are paid biweekly – voluntary/supplemental retirement contributions are only deducted from the 1st & 2nd pay dates of the month, no voluntary/supplemental payroll deduction will be withheld for the 3rd pay date in the month)

Print Employee Name	Employee Signature	Date Signed
Employee ID #	Employee DOB / Age	Paid Monthly <input type="checkbox"/>
		Paid Bi-Weekly <input type="checkbox"/>

Please return completed forms to: HR/Benefits, email to benefits@swarthmore.edu, or fax 610-690-2040

OFFICE USE ONLY:

RECEIVED BY: _____ DATE: _____

ADDED TO: BANNER BDM RET FOLDER TRACKING SS