

University of West Georgia

SALARY REDUCTION AGREEMENT

(check one)

403b

457b

Agreement made this _____ day of _____, 200__, by and between
University of West Georgia (employer) and _____ (employee).

Whereby employer and employee agree as follows:

The **monthly** or **biweekly** (check one) salary of the employee shall be
reduced by \$_____ beginning _____, 200__.

THE AMOUNT OF THE REDUCTION SHALL BE PAID BY THE EMPLOYER TO:

_____ (annuity company).

Employee's Signature

SS# _____

Date of Birth _____

NOTE: This is NOT an enrollment form. If you are not currently a member of a TSA company,
please complete an enrollment form from the company in which you wish to participate.

Human Resources Use Only

Benefits representative must approve PRIOR to processing in payroll.

UWG Benefits Representative