



Public Employees' Retirement Association (PERA) Salary Reduction Agreement for 401(k)

Deadline: This form must be received in Human Resources by the 10th of the month, to be processed from that month's check (as indicated by your effective month below); otherwise, it will be effective the following eligible month.

Effective Month _____ 20_____

Name _____ CSU ID _____
(Last, First, MI)

Department _____ Daytime Phone _____

Academic Faculty/Administrative Professional/Post Doctoral Fellow Faculty Transitional State Classified Hourly*

1. Deduction Frequency (Summer session deductions require a separate form)

Fixed % Amounts

Salaried

9-month Assignment (September - April)

12-month Assignment

Summer Session

*Hourly Employees – elect the % option to ensure that your contribution does not exceed your pay period wages

Fixed \$ Amounts

9-month Assignment (September - April)

12-month Assignment

Summer Session

2. Indicate Below the Change Desired for your PERA 401(k) Account

Change my monthly **Traditional (Pre-Tax)** contribution to _____ % **OR** \$ _____
Whole Percentage Whole Dollars

Change my monthly **Roth (After-Tax)** contribution to _____ % **OR** \$ _____
Whole Percentage Whole Dollars

Cancel my monthly contribution

Authorization: I hereby request that my salary be modified to reflect that the part of the compensation which would otherwise be payable to me will instead be deferred to the PERA 401(k) under the terms of the Internal Revenue Code and my deduction does not exceed IRS allowable maximums.

Employee Signature

Date

- HR Use Only -

Date to Payroll:	Approved:
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