

**JOHNSON COUNTY COMMUNITY COLLEGE  
SALARY REDUCTION AGREEMENT FOR  
FULL-TIME EMPLOYEES**

BY THIS AGREEMENT, made between \_\_\_\_\_ (the “Employee”) and Johnson County Community College (the “Institution”), we agree as follows:

Effective for amounts paid to the Employee as soon as administratively practicable after the receipt of this form the Institution will reduce the Employee’s salary by the amount(s) indicated below.

This Agreement shall be legally binding and irrevocable for both the Institution and the Employee. However, either party may terminate or otherwise modify this Agreement for any month or pay period if applicable, by giving at least thirty days written notice so that this Agreement will not apply to salary subsequently paid.

Salary reduction amount\* to the Johnson County Community College 403(b) Plan:

\$ \_\_\_\_\_ per pay period

Pre-tax Contribution or  Roth Contribution

403(b) Provider Name \_\_\_\_\_

Salary reduction amount\* to the Johnson County Community College 457(b) Tax Deferred Retirement Plan:

\$ \_\_\_\_\_ per pay period

Pre-tax Contribution or  Roth Contribution

457(b) Provider Name \_\_\_\_\_

\* The amount(s) contributed to the JCCC 403(b) Plan and/or 457(b) Plan cannot exceed the Employee’s statutory limitation under Internal Revenue Code (IRC) Section 415 or Section 402(g), whichever is less and any additional catch-up contribution for those employees over age 50, under IRC 414(v).

---

By signing below, I certify that I have read and understand the terms of the Salary Reduction Agreement. The signature of the plan administrator certifies that the Institution also agrees to this Agreement.

Employee Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Employee ID#: \_\_\_\_\_

---

Plan Administrator  
Johnson County Community College