

**JOHNSON COUNTY COMMUNITY COLLEGE
SALARY REDUCTION AGREEMENT FOR
PART-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 or _____ % of annual gross salary

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 or _____ % of annual gross salary

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