



SALARY REDUCTION CHANGE UNDER SECTION 403(B)

*Please return this form to the
Office of Human Resources*

Name: _____

Home Address: _____

City, State & Zip: _____

Social Security Number: _____

Email _____

I am: Staff Faculty
Payroll status: Bi-weekly Monthly

If you are already making payroll contributions, the contribution on this form is meant to:

- Be an additional contribution to the current one.
- Change just the amount or designation of the current contribution.
- Completely cancel and override the current contribution.

I hereby authorize Fisk. to:

Deduct _____ % each pay period until I notify you in writing to discontinue deductions (at least thirty (30) days).

OR

Deduct \$ _____ each pay period until my total contribution is \$ _____.

OR

Deduct \$ _____ ONE TIME, from my next paycheck.

The amount designated above will be paid as contributions to the employee's

____ Retirement Annuity < 50 ____ Retirement Annuity > 50 (327094)

____ Group Supplemental < 50 ____ Group Supplemental > 50 (327095)

Signature

Date