



**Monroe
Community
College**
STATE UNIVERSITY
OF NEW YORK

New York State Deferred Compensation Plan Salary Reduction Agreement

This document represents an agreement between Monroe Community College and the employee.

By this agreement, made between (employee name) _____ and Monroe Community College the parties hereto agree as follows:

Reduce my salary by a pay period amount of \$ _____. The amount shall not exceed the employee's statutory exclusion allowance of \$18,000 or \$24,000 if the employee is 50 or over.

Catch-up provisions are available through the New York State Deferred Compensation plan representative (refer to enrollment application).

Signature _____ Date _____

Banner ID or SS# _____ Employment Status: Full-Time _____
Adjunct _____
Part-Time _____

Human Resources Use Only:

Effective with the receipt of verification from New York State Deferred Compensation, your Salary Reduction Agreement deduction will begin the pay period of _____.

The per pay period amount of \$ _____ will be deducted for the remainder of the calendar year unless maximum of \$18,000 or \$24,000 has been reached.

New York State Deferred Compensation will notify MCC if A Catch-up provision applies.

HR Signature _____ Date _____ HR Approval _____

To be completed by the Human Resources Department

Bi-Weekly Amount \$ _____
No. of Pay Periods _____
Goal Amount \$ _____ Effective Date _____
Date _____

Original: Payroll Department

Copy: HR Department

Copy: MCC Employee