

**San Diego Community College District
Taxed Sheltered Annuity Deduction Authorization**

MILITARY EMPLOYEES

Name (last, first, middle)	Social Security Number	Location Number	Location Name

Pursuant to the provisions and conditions set forth below, I hereby request and authorize the above indicated school district to reduce my salary in the amount of \$_____ per pay check which is paid two times per month, and divert the amount of such reduction the company indicated below:

Company name must be written above

Check here if: deduction is new deduction is a change

Employee signature _____ Date _____

Payroll Effective date _____ (Payroll date must be the 15th of the month or the last day of the month for military employees)

**** Please Note: Benefits Office must receive form for processing 7 days prior to above entered payroll effective date.**

**San Diego Community College, San Diego County California
AMENDMENT OF EMPLOYMENT CONTRACT**

It is agreed that the contract of employment between District and the below-named Employee is amended effective the first day of the month following the below date so that thereafter, District is requested and authorized by Employee to reduce the amount of salary payments due him under said contract by \$_____ per month and to divert the amount of such reduction to the company indicated above for the purchase by that company of a tax-sheltered annuity for Employee under the provisions of Section 403(b) of U.S. Internal Revenue Code and other applicable law. By signature of Employee below, receipt of a copy of this Amendment of Employment Contract on the below date is hereby acknowledged.

It is also agreed that this amendment shall apply to all future employment contracts or any amendment to the present or to any future employment contracts, providing only that the employee has the right, at any time, to revoke this amendment. It is understood that the amounts specified may not be increased or decreased within a tax year.

Employee agrees that the District shall in no way be liable to him/her or his/hers successors for any money damages which might arise from the federal or state tax consequences or state retirement consequences of his/her participation in his/hers tax-sheltered annuity plan and consistent therewith, he/she further agrees to save and hold harmless school district from any such money damages.

Date _____ Employee signature _____

For the District _____