

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

Managers, Supervisors/Professional, Confidential,  
Military, SEIU, College Police, Adult Educators

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 month, and divert the amount of such reduction the company indicated below:

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Company name must be typed or rubber-stamped \_\_\_\_\_ 403(b) Compare Vendor ID Number \_\_\_\_\_

Check here if:     deduction is new                       deduction is a change

Employee signature \_\_\_\_\_ Date \_\_\_\_\_

Payroll Effective date \_\_\_\_\_ (Payroll date must be last day of the month for contact employees and the 10<sup>th</sup> of the month for adjunct faculty.)

**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 \_\_\_\_\_