

*Member School Districts:
Albany, Melrose,
Paynesville and Sauk Centre*



*Program Oversight:
Early Intervention,
Beacon and ALC*

**403b Salary Reduction
Change in Reduction Amount**

Complete this form and submit to Sandy Meyer by September 1 for any change in salary reduction. This is the only form which needs to be submitted.

Employee Name: _____ SS#: _____

Designated Vendor: _____ Account #: _____

Designated amount to be withheld per pay period: _____
(Certified has 24 pay periods; Non-certified has 18 pay periods)

Amount of Employer match per year: _____

Signature of Employee: _____ Date: _____

Acknowledgement of receipt of Agreement on behalf of WCED: Date: _____

Start date of salary reduction: _____ Amount: _____

Our mission is to maximize every student's educational experience by providing high quality services to students, families, and member districts.

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