SALARY REDUCTION AGREEMENT

457(b) Deferred Compensation Plan

Employee Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I hereby authorize my employer, Monroe One BOCES to deduct from my earnings.

**Pretax 457b Deduction** $\_\_\_\_\_\_\_\_\_\_or\_\_\_\_\_\_\_% per pay

and/or

**Roth 457b Deduction** $\_\_\_\_\_\_\_\_\_\_or\_\_\_\_\_\_\_% per pay

under my name, to my 457(b) account that has been established with the New York State Deferred Compensation Plan.

After this initial agreement, I understand and approve that Monroe One BOCES will update my

deduction to my 457(b) plan as directed by the New York State Deferred Compensation Plan. Those

changes, whether an increase or decrease will be based on my direct instructions to the New

York State Deferred Compensation Plan.

Further, I will not hold Monroe One BOCES responsible for any error made on the part of New

York State Deferred Compensation Plan or any investments made that are not profitable.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature