compensation for such services shall be reduced by:	Atlanta Community Schools, MI Salary Reduction Authorization for 403(b) Annuity Contract or 403(b)(7) Custodial Account	Name of Company - 403(b) Product Provider
Original Agreement With respect to services rendered by the Employee hereafter, the Employer and the Employee hereby agree the Employee's comparisation for such services shall be reduced by: Equal amounts of \$	Employee Name	Social Security Number
With respect to services rendered by the Employee hereafter, the Employee hereby agree the Employee's compensation for such services shall be reduced by: Equal amounts of \$per pay period beginning the20 pay period. The amount sequal to% of compensation per pay period beginning the20 pay period. The amount sequal to% of compensation per pay period beginning the20 pay period. The amount sequal to% of compensation per pay period beginning the20 pay period. Ommedment Agreement - Type of Change Desired Increase from \$per pay period to \$beginning the20 pay period. Decrease from \$per pay period to \$beginning the20 pay period. Change to% of compensation per pay period beginning the20 pay period. Suspend-Name of CompanyEffective Date of Change to Suspension20 In ave read the above and understand the proposed change. I hereby request that such change to Effected. I realize that if the change results in decrease or elimination of addiction under the 42001 Tas Sup organ, that this reduction or summation of the there and understand the proposed the time section of 186, 68 annoted. This Agreement shall be legally binding and invocable with respect to amounts carred withe the Agreement is in decade and the Effection of the the addiction section and the the addiction section and the the addiction of the 42001 Tas Suffer to amounts earled with the addiction and the the addiction addiction addiction of the addiction of the addiction addictin the addiction addiction addiction addictin th	Work Location	Position
compensation for such services shall be reduced by:	Original Agreement	
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applicable. Effective Date of this Agreement, 20 Atlanta Community Schools, MI AGENT/REPRESENTATIVE NAME AGENT/REPRESENTATIVE PHONE EMPLOYEE SIGNATURE By:		becomes effective upon the execution of this Agreement by Employee and
AGENT/REPRESENTATIVE NAME AGENT/REPRESENTATIVE PHONE By: EMPLOYEE SIGNATURE By: EMPLOYER SIGNATURE		oon thirty (30) days notice to the Company and to the Employer or Employee as
By:	Effective Date of this Agreement, 20	Atlanta Community Schools, MI
EMPLOYEE SIGNATURE EMPLOYER SIGNATURE	AGENT/REPRESENTATIVE NAME	AGENT/REPRESENTATIVE PHONE
DATED , 20 DATED . 20	EMPLOYEE SIGNATURE	By: EMPLOYER SIGNATURE
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