



VINCENNES UNIVERSITY

TIAA-CREF SALARY REDUCTION AGREEMENT

EMPLOYEE NAME:

SOCIAL SECURITY NUMBER:

PAYROLL EFFECTIVE DATE:

PLEASE DEDUCT THE FOLLOWING FROM MY BI-WEEKLY PAYCHECK:

457(b) DEFERRED COMPENSATION PLAN REDUCTION AMOUNT (R57):

TOTAL: _____

SIGNATURE

DATE

PLEASE DO NOT TAKE A BI-WEEKLY TIAA-CREF REDUCTION AT THIS TIME

SIGNATURE

DATE

**THIS AUTHORIZATION IS VALID UNTIL YOU COMPLETE A NEW FORM.
COMPLETED FORMS SHOULD BE SUBMITTED TO THE PAYROLL OFFICE.**