



BOARD OF COOPERATIVE EDUCATIONAL SERVICES
First Supervisory District of Monroe County

Daniel T. White, *District Superintendent*
Monroe #1 BOCES
41 O'Connor Road
Fairport, New York 14450
(585) 377-4660
www.monroe.edu

SALARY REDUCTION AGREEMENT
457(b) Deferred Compensation Plan

Employee Name: _____ Date: _____

I hereby authorize my employer, Monroe #1 BOCES to deduct from my earnings \$ _____ per pay under my name to my 457(b) account that has been established with New York State Deferred Compensation Plan.

After this initial agreement, I understand and approve that Monroe #1 BOCES will update my deduction to my 457(b) plan as directed by 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 #1 BOCES responsible for any errors made on the part of New York State Deferred Compensation Plan or any investments made that are not profitable.

Signature