



### 403(b) TAX-SHELTERED RETIREMENT PLAN PAYROLL DEDUCTION AUTHORIZATION

**Employee Information:**

Name:	UIN:	Date:
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Dept. Phone:	Dept. E-mail:
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The Employee and Employer have entered into this Salary Reduction to obtain for the employee the benefits of section 403(b) of the Internal Revenue Code. It is agreed that, I authorize the Employer to initiate the salary reduction in accordance with the section 403(b) Plan maintained by ODU Research Foundation.

**Pre Tax Salary Reduction** : NOTE: The employee is responsible for compliance with the annual contribution limit and for ensuring the annual salary reduction does not exceed the limits established in sections 403(b) and 415 of the Internal Revenue Code and related regulations.

		Date:
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**Research Foundation Use Only:**

Annual Salary:	11% Annualized:	11% per pay period:
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Effective Pay Cycle:	Human Resources:	Date:
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**Research Foundation Verification:**

Data Entry:	Date:	Payroll:	Date:	Payroll Proof:	Date:
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