

Social Security Number _____

Kettering ID Number _____

**KETTERING UNIVERSITY
AGREEMENT FOR SALARY REDUCTION
(FULL TIME FACULTY AND STAFF HIRED AFTER JANUARY 2006)**

By this agreement made between _____ and Kettering University, the parties hereto agree as follows:

This agreement will become effective with the paycheck scheduled to be received on _____. Effective with respect to amounts paid on, or after, this date, the employee's basic salary will be reduced by the amount indicated in items (1) and (2) below, and at the same time the University's corresponding amount, allocated between TIAA and CREF as designated by the employee.

This agreement shall be legally binding and irrevocable as to each of the parties hereto with respect to amounts paid while employment continues. However, either party may terminate or otherwise modify this Agreement as of the end of any pay period so that it will not apply to salary subsequently paid, by giving written notice of the date of termination.

The amount of the salary reduction shall be the amount selected from the following table:

__1.	<u>(a) Employee Contribution</u>	<u>(b) Kettering Contribution</u>	<u>Total Contribution</u>
[]	1%	1%	2%
[]	2%	2%	4%
[]	3%	9%	12%

That would otherwise be deducted from the employee's basic monthly salary as the employees' annuity contribution in accordance with the University's TIAA-CREF retirement plan. It is understood that the amount defined in (a) above will be paid to the TIAA-CREF Retirement Annuity. It is also understood that the amount defined in (b) above will be paid to the employee's non-cashable annuity contract(s) used under the University's retirement plan.

__2. The amount of _____%* of gross salary, which will produce a total University retirement contribution that does not exceed the employee's statutory exclusion allowance under Section 403(b) or the limitations of Section 415 or Section 402(g) of the Internal Revenue Code, whichever is less.

It is further understood that if (2) is checked, the amount will be paid to:

- TIAA-CREF Retirement Annuity or
- TIAA-CREF Group Supplemental Retirement Annuity

Signed this _____ day of _____, 200_____.

Employee: _____
(Signature)

Human Resources: _____
(Signature)

*This amount will be reviewed by the Benefits Representative prior to the execution of this Agreement.