



Voluntary Salary Reduction Form District Management Employee January 1, 2010 – June 30, 2010

Employee Name: _____

Location: _____ Colleague ID: _____

I understand that the following conditions apply to a **Voluntary Salary Reduction**:

1. This is a Voluntary Salary Reduction which will begin January 1, 2010, and terminate June 30, 2010.
2. This salary reduction will reduce my salary from January 1, 2010—June 30, 2010.

If you choose to participate in a Voluntary Salary Reduction, check the box to the left, and indicate below which level of participation you agree to; and that you have read, understand, and accept the Voluntary Salary Reduction conditions described above.

1% 2% 3% Reduce Step Other _____

Additional conditions:

1. Request to cancel participation will only be granted in cases of a financial hardship and must be approved by the Vice Chancellor Administrative Services.

You may not cancel this agreement. Once this agreement is signed and entered into, it may not be revoked.

Employee Signature: _____ Date: _____

APPROVALS:

Supervisor Signature: _____ Date: _____

CHEX Member Signature: _____ Date: _____

Forward original approved agreement to Human Resources no later than November 16, 2009.

For Human Resources Office Use:

Effective Date: _____ End Date: _____

Personnel Analyst: _____ Date: _____