HUMAN RESOURCES
COLORADO STATE UNIVERSITY

COLORADO PERA
Salary Reduction Agreement for 401 (k)

Effective Month:	**Effective Year:**
*This form must be received by the **10th** to be processed for the "Effective Month" indicated.*	
Name:	**CSU ID:**
Email Address:	**Phone Number:**

Employee Type:

- ☐ Academic Faculty/Administrative Professional/Post Doctoral Fellow
- ☐ Faculty Transitional
- ☐ State Classified
- ☐ Hourly

Deduction Frequency

Fixed % Amounts:

- ☐ Salaried
  - ☐ 9-month assignment (September – April)
  - ☐ 12-month assignment
  - ☐ Summer session
- ☐ Hourly (elect the % option to ensure that your contributions do not exceed total pay period wages)

Fixed $ Amounts:

- ☐ Salaried
  - ☐ 9-month assignment (September – April)
  - ☐ 12-month assignment
  - ☐ Summer session

Indicate Desired Change

- ☐ Change my monthly **Traditional (pre-tax)** contribution to _____% (whole percentage) OR $_____ (whole dollars)
- ☐ Change my monthly **Roth (after-tax)** contribution to _____% (whole percentage) OR $_____ (whole dollars)
- ☐ Cancel my monthly contribution

Employee Signature:	**Date:**

(electronic signature accepted)

Submit this form directly to Human Resources

Email: MyHR@colostate.edu **Fax:** (970) 491-6302	**In-Person:** 555 S Howes St Fort Collins, CO 80523	**Mail:** 6004 Campus Delivery Fort Collins, CO 80523