

# The Barron Area School District

Administrative Office  
100 West River Avenue  
Barron, Wisconsin 54812  
Phone 715-537-5612  
FAX 715-637-5161



Riverview Middle School  
Phone 715-537-5641  
FAX 715-637-5373

Dallas Early Learning Center  
Phone 715-837-1180  
FAX 715-837-1201

Ridgeland-Dallas Elementary  
Phone 715-949-1445  
FAX 715-949-1617

Barron High School  
Phone 715-537-5627  
FAX 715-637-1603

Woodland Elementary  
Phone 715-537-5621  
FAX 715-637-9353

Almena Elementary  
Phone 715-357-3263  
FAX 715-357-6513

*The mission of the Barron Area School District is to ensure all students reach their dreams while making a positive impact on the world.*

## Salary Reduction Agreement

Agreement made this \_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_, by and between the **Barron Area School District** (the "Employer") and \_\_\_\_\_ (the "Employee"), whereby the Employer and Employee agree as follows:

1. Effective with amounts earned subsequent to the pay period ending \_\_\_\_\_ 20\_\_ and thereafter, the gross salary of the employee will be reduced by:  
  
\$ \_\_\_\_\_ Traditional TSA (enter amount you wish deducted per pay period)
2. The amount of such reduction shall be paid and remitted by the Employer to \_\_\_\_\_, as selected by Employee.
3. The employee is responsible for determining that the amount of salary reduction specified in paragraph 1 (when combined with all other salary reduction agreements in force, whether or not with the Employer) does not exceed the amount permitted under the Internal Revenue Code. The Employer agrees to provide the Employee, upon written request, any information available from the Employee's records that is necessary to enable the Employee to make this determination. The Employee is solely responsible for any and all taxes, interest, penalties, fines or forfeitures that may be imposed on the Employee in the event that the salary reduction contribution exceeds the maximum allowable contributions.
4. The Employee acknowledges that the Employer has made no representation to the Employee regarding the advisability, appropriateness or tax consequences of this Salary Reduction Agreement or the company which issues the contract or which invests the Employee's salary reduction funds. The Employee agrees that the Employer shall have no liability whatsoever for any and all losses suffered by the Employee with regard to his or

*The Barron Area School District does not discriminate on the basis of race, creed, color, national origin, age, sex or handicap.*

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her selection of the company which issues the contract or which invests the Employee's salary reduction funds or the solvency of, operation of, or benefits provided by said company.

5. This Salary Reduction Agreement is legally binding and irrevocable with respect to all amounts earned by the Employee while this Agreement is in effect. The Employee may terminate this Agreement at any time with respect to amounts earned after the effective date of the termination. The termination shall be effective as of the first day of the pay period immediately following the date the Employer receives the notice of termination.
6. The Employee agrees to indemnify the Employer for any taxes, interest, penalties, fines or forfeitures, imposed upon the Employer resulting from the Employee's violation of the limitations and provisions contained in the Internal Revenue Code or this Salary Reduction Agreement. Furthermore, the Employee agrees to indemnify the Employer for all reasonable costs, including attorney's fees, incurred by the Employer which may result from the Employee's contributions to the plan and the Employer's reporting of these contributions.
7. The Employee agrees that the Employer shall have the authority to discontinue the salary reduction amounts if the Employer determines that the Employee's salary reduction amounts will exceed the maximum allowable contributions as discussed in paragraph 3 above. Such discontinuance would only be made after the Employee is notified of the pending action and has had a minimum of two weeks to provide the Employer with information, satisfactory to the Employer, that the salary reduction amount does not exceed the maximum allowable contributions.

Executed as of the date set forth above,

The Barron Area School District  
Employer

\_\_\_\_\_  
Employee (Print)

By:  
Signature

\_\_\_\_\_  
Employee's Signature

District Administrator  
Title

\_\_\_\_\_  
Social Security Number