



Employee Benefits Division  
**FINAL CHECK DEFERRAL  
 OF LEAVE BALANCE ACCRUALS**

**TO: Human Resources - Retirement Division**

**FAX: (951) 955-8538**

**EMPLOYEE INFORMATION**

Last Name		First Name		Employee ID (required)	
Social Security Number	Retirement Date	Work Telephone/Alternate Telephone		Department	
XXX-XX-____					

**EMPLOYEE DEFERRAL**

Please complete the appropriate box(es) below and indicate amount to be deducted from final pay check. To defer up to the IRS Retirement Plan Limits for the current tax year, enter "MAX" in the applicable box(es).

Access to 457(b) Deferred Compensation Plan money is granted 30 days after employment and if employee has not returned to work for the County of Riverside in any capacity \_\_\_\_\_  
 Initial Here

I would like my Leave Balance Accruals deferred in the following manner:

Provider	Regular Deferral Amount	Age 50+ Catch-Up Deferral Amount
	\$	\$
	\$	\$
Total	\$	\$

Additional Instructions: \_\_\_\_\_

I authorize my employer to reduce my salary by the above amount which will be credited to my Employer's Deferred Compensation Plan. The withholding of my deferred amount by my employer and its payment to the designated investment options will be reflected on my final paycheck. The deferral is to be allocated to the funding options on file with the provider.

Employee Signature \_\_\_\_\_ Date \_\_\_\_\_