



**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 paycheck. 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:

Please complete the appropriate box(es) indicating amount to be deducted from final paycheck. I would like my eligible leave accruals deferred in the following manner:				
	Regular Deferral Amount (Year Limit \$24,500)	50+ Catch-Up Deferral Amount (Year Limit \$8,000)	Super Catch-Up (Ages 60-63) Year Limit \$11,250	Special Catch-Up Deferral Amount (Year Limit \$24,500)
457 Pre-Tax Contribution:	\$	\$	\$	\$
457 ROTH Contribution:	\$	\$	\$	\$

	Regular Deferral Amount (Year Limit \$24,500)	50+ Catch-Up Deferral Amount (Year Limit \$8,000)	Super Catch-Up (Ages 60-63) Year Limit \$11,250	Special Catch-Up Deferral Amount (Year Limit \$24,500)
457 Pre-Tax Contribution:	\$	\$	\$	\$
457 ROTH Contribution:	\$	\$	\$	\$

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 _____