



Watertown Mayer
Public Schools

TSA MATCH AGREEMENT CHANGE FORM
9 month employee

Date: _____

Employee Name: _____

I request to change my TSA contribution amount to \$_____ annually effective immediately. I hereby request and authorize that my salary be reduced by

\$_____ per paycheck (18 paychecks during school year) and that amount will be forwarded on a semi-monthly basis to my account with:

- Ameriprise Financial
- ASP (American Funds)
- EdMn/ESI
- Fidelity

Employee Signature: _____

Date: _____