NILES CITY SCHOOL DISTRICT

SALARY REDUCTION AGREEMENT

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Employee Name

\_\_\_\_\_\_\_\_\_\_\_\_\_Employee Number

You are hereby authorized and directed, unless otherwise indicated below, and until otherwise advised by me in writing, to deduct the following amount from my earnings each pay period, after all other legally required and authorized deductions have been made, and provided sufficient wages are available, and remit the same to **Renovating Excellence in Niles (REIN),** P. O. Box #108, Niles, Ohio 44446.

Deduction amount $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ per 26 pays.

One time pledge $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to be divided by 26 pays.

I herewith release and fully discharge my employer from any and all liability or responsibility whatsoever kind or nature with respect to such money

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

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