

**REQUEST TO PARTICIPATE IN
INDEPENDENT SCHOOL DISTRICT #625
MATCHING FUNDS PROGRAM**

Name _____ Employee ID # _____

SSN _____ Job title _____

Bargaining Unit _____ Work location _____

Start date of continuous employment with ISD #625: _____

NOTE: To participate in the match program you must participate in a tax sheltered plan.

This agreement is by and between the above employee and the Saint Paul Public School District whereby the Employer and Employee agree as follows:

- 1) Check your contract for annual maximum match contributions.
- 2) Employees hired part time will receive half the match amount.
- 3) If any conflict between this form and the terms of the employee's employment contract arises, the pertinent employment contract controls.

Check one:

_____ I already have a tax sheltered plan with an approved matching plan provider.

_____ I am applying for a tax sheltered plan with an approved provider.

Signed: _____

Date: _____

Approved by: _____

Date: _____

Return to:
Saint Paul Public Schools
Payroll Department
360 Colborne Street
2nd Floor
St Paul, MN 55102