

## EMPLOYEE 401(k) DEDUCTION ELECTION FORM

Employee Name:		
Social Security Number:		
Date for First Deduction:		
Deduction Type: Circle One		
Fixed Amount or Pe	ercentage	
Deduction Amount: Fill in proper amount below depending on what you circled above.		
Percentage	<u>%</u>	
Fixed Amount	.00	

It is the employee's responsibility to make sure they do not deduct more than the allowable amount from their paycheck. Your signature below indicates your understanding of this responsibility and gives Pickering Associates approval to withhold the amount elected above from your weekly pay.

Employee Signature X

## 401(k) Waiver

Employees are not required to participate in the 401(k) program. If you do not wish to participate at this time, sign the line below. If you wish to sign up at a later date, contact Accounting for a new copy of this form to be filled out.

Employee Signature X

Date: / /