

**Barrington Public Schools
Barrington, RI 02806**

**403(b) Salary Reduction Contribution
Eligibility Notification**

I have been notified that I am eligible to participate in the Barrington Public Schools 403(b) Salary Reduction Program. I understand that a hardcopy of the Salary Reduction Agreement may be obtained from the Administration Office or downloaded from the web site at <http://www.barringtonschools.org/district/personnel.htm>. Should I choose to participate, I will complete a Salary Reduction Agreement form and return it to the payroll clerk.

Name: _____ Date of Hire: _____

Signature: _____ Date: _____