**CITY/TOWN Employee Fund**

2018 Contribution Form

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, would like to contribute to the CITY/TOWN Employee Fund (Fund) under the following conditions:

The Fund is intended for employees to show support and encouragement to co-workers who have experienced a serious injury, illness or death that affects them. All CITY/TOWN employees are encouraged to participate in the Fund by donating $1 to $5 per period through a payroll deduction. In December of each year, employees will confidentially designate what amount, if any, they want to contribute to the Fund. Deductions will begin the first pay period in January. The Fund will be evaluated each calendar year to determine if the amount in the fund is appropriate to cover expenses for the next. If it is determined that there is enough money in the Fund then the deduction will be discontinued for the next year.

The Director of Human Resources or designee and the Finance Department will make all gifts from the Fund account. Each employee’s Director is responsible for providing written notice to the Director of Human Resources when an employee personally experiences or has a family member experience a serious injury, illness or death. Employees, whether or not they participate in the Fund, will be provided gifts as set forth below:

* Flowers (or a plant) not to exceed $100, including all costs, will be provided by CITY/TOWN for: the serious injury, illness or death of an employee, an employee’s spouse or child; the death of an employee’s mother or father; or the death of a retired employee. If requested, in lieu of flowers, CITY/TOWN will donate $100 donation to a designated charitable organization.
* A sympathy card will be mailed from CITY/TOWN to an employee’s close relative who has experienced a serious injury or death of upon notice of the event and the relative’s name and address.

**Please deduct the following amount from each of my paychecks during the year:** *(Please check one)*

( ) $1.00

( ) $2.00

( ) $5.00

( ) Other; please deduct: $\_\_\_\_\_\_\_

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