

Helping Hand Fund Contribution Election Form



The Helping Hand Fund (Employee Emergency Needs Fund) was created by the Agency to aid employees who need financial assistance in significant hardship situations. A committee composed of employees representing each division administers the fund. The committee establishes the eligibility requirements, the procedures for the distribution of funds and determines whether the requests meet the established guidelines.

If you would like to become a contributor to the Employee Emergency Fund, please complete this election form.

Contributions to the Fund are made via payroll deductions and employees may contribute any amount between \$1.00 and \$25.00 per paycheck. *Contributions are not tax deductible.*

I understand contributions to the fund are voluntary and will be automatically deducted from my paycheck until I request otherwise, in writing.

Employee Name: _____

Work Location: _____

I would like to donate \$_____ per paycheck. (from \$1.00 to \$25.00)

Contributions are not tax deductible and will not be returned upon separation from the Agency.

Employee Signature: _____ **Date:** _____

For information on applying to receive assistance from the fund,
please visit www.mokangoodwill.org/benefits.

Please return this form to People & Culture via:

Fax (816) 842.7616, or **Email: HelpingHand@mokangoodwill.org**, or Delivered to Director of People & Culture.

