



Employee Social Fund Participation Form

At the Caring Council, we utilize an **Employee Social Fund** to celebrate birthdays with a meal and gift, as well as other occasional celebrations.

As a Caring Council employee, you may elect to participate in the Employee Social Fund with a \$5 deduction per pay period.

- I **DO** want to participate in the Employee Social Fund. I am aware that \$5 will be deducted from my check each pay period.

- I **DO NOT** want to participate in the Employee Social Fund at this time. I understand that I will not be included in birthday celebrations or other celebratory events funded by the Employee Social Fund.

Staff Signature: _____ Date: _____