



Employee Contribution Fund

Authorization for Payroll Deduction

I, the undersigned, hereby authorize a payroll deduction to be made to the UPMC Horizon and Jameson Employee Contribution Fund. The money donated will be added to an account held by the UPMC Horizon Community Health Foundation and the UPMC Jameson Health Care Foundation. The Fund supports local employees in need of assistance for unexpected or severe challenges, as well as periodically supporting local charitable organizations investing in community health. The Fund and distributions are managed by the Employee Contribution Fund Committee, made up of employee representatives from UPMC Horizon and UPMC Jameson, with oversight by the Foundations.

- I authorize a payroll deduction of \$_____ per pay to the Employee Contribution Fund (you may select any amount of your pay to be deducted on a per pay basis).
- I authorize a payroll deduction of (circle one): $\frac{1}{4}\%$ $\frac{1}{2}\%$ $\frac{3}{4}\%$ **1%** of my gross pay to be deducted on a per pay basis.
- I do not wish to authorize a payroll deduction.
- I wish to end my current payroll deduction.

My Person ID # is: _____ NOTE: Your Person # can be found on HR Direct – Personal Information – Employment Info Page)

Name (please print)

Department

Signature

Date

Please return this form to:

UPMC Horizon/Jameson Foundations **OR** Email to Kelly Haux at HauxKJ@upmc.edu
Attn: Kelly Haux
UPMC Jameson, 5th Floor
1211 Wilmington Ave.
New Castle, PA 16105

Thank you for your generous support for the Employee Contribution Fund!