



ProAmpac  
**Employee Assistance Fund**

**ProAmpac Employee Assistance Fund  
 Employee Contribution Request**

 <b>Division</b>	Appleton	Hartford	Rochester
	Aurora	Kansas City	Seattle
	Cary	Mobile	Suffolk
	Cincinnati	Neenah	Tulsa
	Cleveland	New Hampshire	Walden
	Forest City/Greensboro	Orlando	Westfield
	Granite City	Portland	Whitehouse
	HP	Rocky Mt.	Wrightstown

Employee Name: \_\_\_\_\_ (Please print)

I am requesting the following amount to be deducted from my paycheck and deposited into the ProAmpac Employee Assistance Fund.

Payroll deduction amount: \$ \_\_\_\_\_ / Every Paycheck

One-time deduction amount: \$ \_\_\_\_\_

Effective date: \_\_\_\_\_ / \_\_\_\_\_ / 2019

Vacation Donation: Number of Hours: \_\_\_\_\_ Current Rate of Pay: \$ \_\_\_\_\_

T-shirt Size (circle one): XS S M L XL 2XL 3XL 4XL

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

All donations are viewed as charitable contributions for federal income purposes (state, local and social security / Medicare tax law may vary – please see a tax consultant for information specific to your situation).

