



Participation in this program is non-compulsory. Complete this form only if you would like to donate by way of recurring employee payroll deduction.

For Sykes Home employees: Please complete this form to indicate your election and then return the form to [home-payroll@sykes.com](mailto:home-payroll@sykes.com), be sure to include your full name, agent ID# and program in the subject line of the email.

For Sykes Site employees: Please complete this form to indicate your election and then return the form to [employeeerelief@sykes.com](mailto:employeeerelief@sykes.com), be sure to include your full name, agent ID# and site location in the subject line of the email.

## EMPLOYEE PAYROLL DEDUCTION AUTHORIZATION FORM

SYKES is partnering with The Denver Foundation to manage the donations given by payroll deductions or one-time donations that can be accessed through their website. Payroll deductions and donations to the SYKES Employee Relief Fund are eligible for US charitable tax deduction by the IRS, only a CPA can give tax advice. The Denver Foundation will send annual tax receipts to those who participate.

All donations to the SYKES Employee Relief Fund go to assist SYKES employees that experience qualified financial hardship resulting from a natural disaster, life-threatening illness or injury, death, or other catastrophic or extreme circumstance beyond the employee's control.

Please make your selection for your contribution below:

Begin Payroll Deductions:

SYKES Employee Relief Fund: \$\_\_\_\_.\_\_\_\_ per pay period.

Change Payroll Deductions (*use this if you are already in the program and want to change your contribution amount*):

SYKES Employee Relief Fund: \$\_\_\_\_.\_\_\_\_ per pay period.

Cancel Payroll Deductions (*Cancellations will be processed the first pay period of each new quarter, ask HR Representative if there are any questions*)

**Please note: The selection you have noted above will be effective in the paycheck following the current pay period in which the form is submitted.**

### AGREEMENT

By signing below, I agree that my pay will be reduced by the amount of my deduction as checked and indicated above. In the event of a deduction change during the year, my employer is authorized to deduct the new amount from my pay.

Employee Signature: \_\_\_\_\_

Employee Name (Printed): \_\_\_\_\_

Agent ID: \_\_\_\_\_

Date Signed: \_\_\_\_\_