



CORRECTIONS FOUNDATION

SUPPORTING THOSE PROTECTING PUBLIC SAFETY

www.correctionsfoundation.org | info@correctionsfoundation.org | 850-717-3712

\$9.2 MILLION GIVEN BACK TO OVER 10,233 FDC OFFICERS AND STAFF SINCE 1999

The Corrections Foundation is the non-profit direct support organization exclusively for employees and officers of the Florida Department of Corrections.

Should times of crisis or tragedy strike - fire, critical illness, accidents, natural disasters or other emergency circumstances, the Corrections Foundation stands by ready to provide immediate, meaningful relief – up to \$1,500. Non-members may get only up to \$100.

Your contribution is tax deductible to the extent allowed by law for federal income tax purposes.

Your contribution also stays in Florida, is invested in Florida, and only goes back to help your co-workers in Florida.

BECAUSE WE NEVER WALK ALONE

State of Florida Department of Corrections
PAYROLL DEDUCTION AUTHORIZATION
(Miscellaneous Deduction Code **413**)

LEADERSHIP—\$25.00 per pay period — receive a black FDC jacket, a black FDC polo shirt, FDC padfolio, and membership pin. **Jacket size:** 3XL 2XL XL L M S **Shirt size:** 3XL 2XL XL L M S

PROTECTOR—\$15.00 per pay period — receive a black FDC polo shirt, FDC padfolio, and membership pin. **Shirt size:** 3XL 2XL XL L M S

SUPPORTER—\$ _____ per pay period (**suggested contribution is \$3; minimum is \$2**) — receive a membership pin.

ENTER THE INFORMATION BELOW—YOUR INFORMATION IS PROTECTED AND WILL NOT BE SHARED

Name: _____ Title: _____

Work Location: _____

Home Mailing Address: _____

City: _____ Zip: _____ PeopleFirst ID: _____

E-mail Address: _____ Phone #: _____

I hereby authorize the Department of Corrections to deduct the amount shown above each pay period from my salary warrant. I further understand that I may cancel my payroll deduction at any time by notifying, in writing, my Servicing Personnel Office. By signing below I acknowledge that I have read the Corrections Foundation membership brochure or fact sheet and understand that my membership helps support the Employee Assistance Program through which Florida DC employees help each other through medical crisis, critical emergencies and other crisis as outlined on our website Employee Assistance Criteria. **Membership must be in existence for six pay period before premiums (shirts, jackets, padfolios) are sent to members.** I also understand that in the event my employment terminated, I waive any rights to refund of donations. By providing your email address, you agree to receive emails from the Corrections Foundation regarding news, updates, and products. Membership in the Corrections Foundation is not intended to create a right to receive assistance from the Employee Assistance Program. The decision to provide assistance is a matter of discretion retained by the Corrections Foundation. This decision is based upon the program criteria, Corrections Foundation interpretation of the critical nature of a request, and the availability of funds.

Employee Signature

Date

PLEASE RETURN BY FAX OR EMAIL THE COMPLETED FORM TO:

Corrections Foundation, 501 South Calhoun Street, Tallahassee, Florida 32399-2500

or fax to (850) 410-4411 or email to info@correctionsfoundation.org. If you have any questions, please call (850) 717-3712.

DO NOT SEND TO HUMAN RESOURCES