



Ensure the most current form is submitted. Refer to EMACS Forms/Procedures website.

COMBINED GIVING YOUR CHOICE CONTRIBUTION ELECTION AGREEMENT

All Your Choice Contribution Election Agreement Forms with new elections submitted during the County's Annual Combined Giving Campaign will be processed effective PP 1 of each year. All other forms will be processed in the pay period indicated below. Scan a copy of initial/updated Your Choice election agreement selection(s) to EBSD@hr.sbcounty.gov OR-mail code (0440).

Must print in Black or Blue ink ONLY

Employee ID	Last Name, First Name	
Effective PP	Company	Department

AGENCY ELECTIONS

<input type="checkbox"/> Initiate <input type="checkbox"/> Revise <input type="checkbox"/> Cancel	_____	_____	_____	_____	00
	Distributing Agency Name	Agency Code	\$ Amount per pay period		
<input type="checkbox"/> Initiate <input type="checkbox"/> Revise <input type="checkbox"/> Cancel	_____	_____	_____	_____	00
	Distributing Agency Name	Agency Code	\$ Amount per pay period		
<input type="checkbox"/> Initiate <input type="checkbox"/> Revise <input type="checkbox"/> Cancel	_____	_____	_____	_____	00
	Distributing Agency Name	Agency Code	\$ Amount per pay period		

YOUR CHOICE ELECTIONS

For all "Your Choice" Agency Codes listed in the section above (i.e., 8098, 8198, etc.) complete the section below.

Agency Name			Agency Name		
Address		City	Address City		
State	Zip	Telephone	State	Zip	Telephone

ACKNOWLEDGMENT REQUESTED

By completing this section, you will receive an acknowledgment by the Agency(ies) listed above.

Address	City	State	Zip
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I authorize the County of San Bernardino to make the payroll deductions indicated and to distribute my contribution to the designated Agency(ies).

Employee Signature	Daytime Telephone	Date
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This document/form incorporates use of e-signature(s) in accordance with the San Bernardino County Policy #03-12 and Standard Practice 1.

Payroll Specialist Name (Print & Sign)	Telephone
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**NO GOODS OR SERVICES ARE BEING PROVIDED IN WHOLE
OR IN PART FOR YOUR CONTRIBUTION**

Office Use Only

Review By (Employee ID)	Date Keyed By	(Employee ID)	Date
Combined Giving, Contribution Election			Agreement

Employee Information

The form must be typed or printed in **Black** or **Blue** ink only.

All Your Choice Contribution Election Agreement Forms with new elections submitted during the County's Annual Combined Giving Campaign will be processed effective PP 1 of each year. All other forms will be processed the prospective pay period indicated on the form.

Payroll Deduction Section:

Complete this section for each requested donation.

- ◆ *Initiate* - Check this box to start a new payroll deduction for the Agency Code you selected.
- ◆ *Revise* - Check this box to change the payroll deduction amount for an Agency to which you are currently contributing. All Your Choice revisions require an updated copy of the election sent to EBSD.
- ◆ *Cancel* - Check this box to cancel a Combined Giving contribution made through payroll deduction. All Your Choice revisions require an updated copy of the election sent to EBSD.
- ◆ *Distributing Agency Name* - Print the name of the Agency that will be distributing the donation.
- ◆ *Agency Code* - Print the four-digit Agency Code for the donation (*see note below*).

Note: To revise or cancel a deduction, locate the four-digit Agency Code that is currently being deducted by:

1. Referring to a copy of the original contribution form.
2. Contact the department payroll specialist or the department Campaign Coordinator.

- ◆ *Amount per pay period* - List the total per pay period (bi-weekly) amount to be deducted from your paycheck for each individual Agency. Minimum contribution is \$1.00.

Your Choice Elections

This section is used to designate the specific Agencies of your choice that are not listed in the Combined Giving brochure. Agencies listed as a "Your Choice" election must be a 501(c)(3) organization. Initiations, revisions, cancellations require an updated copy of the election sent to EBSD via email to

Ebsd@hr.sbcounty.gov or mail code 0440.

The following information is required:

- ◆ The complete name of the selected Your Choice Agency where the donation is being sent
- ◆ The complete mailing address (address, city, state, zip)
- ◆ The telephone number (including area code) in case the Agency needs to be contacted

To make a "Your Choice" donation to the organization listed in this section, a Distributing Agency is selected from the Combined Giving Campaign brochure with an Agency Code ending in "98."

Acknowledgment

To request acknowledgment from any of the Agencies listed on the form, the employee must provide all information in this section. The Agency(ies) that have been selected will send an acknowledgement to this address for the donation.

Acknowledgments will not be sent when canceling a donation.

Multiple pages - if you need to use multiple pages, staple all pages together and show as page 1 of 2, etc.