



Employee Workplace Giving Authorisation Form

Two Rocks
State Emergency Service

To authorise regular donations to the Two Rocks State Emergency Service please complete this form, send a copy to the Two Rocks SES at the email or PO Box below, and return the hard copy form to your Payroll Manager.

Full Name	<input type="text"/>
Business/Company	<input type="text"/>
Employee Payroll Number (if applicable)	<input type="text"/>
Employee title	<input type="text"/>
Employee email	<input type="text"/>
Business Address	<input type="text"/>
Business Phone	<input type="text"/>
Employee Mobile	<input type="text"/>

I would like to donate the following amount each pay period to the Two Rocks State Emergency Service \$15 \$10 \$5 Other Amount

Please deduct this amount from my regular pay and transmit to the Two Rocks State Emergency Service (TRSES).
I authorise deductions to commence on the first pay date after receipt of this authorisation.

This authority will remain in force until cancelled in writing. I understand that the above deductions will be made from my pre-tax salary and forwarded to the Two Rocks State Emergency Service. My employer will provide me with a summary of my donation for each financial year to record on my tax return.

I have sent a copy of this form to the TRSES financeofficer@tworocksses.com.au (or post to **PO Box 12, Two Rocks, WA, 6037**) for their records.

The arrangements will commence with my next available pay and until further notice. I understand that Workplace Giving deductions will be made from my pre-tax pay, so that I will receive the tax benefit immediately. I acknowledge that small weekly/fortnightly/monthly donations may not have an impact on my tax withheld. I understand that once a deduction has been made it cannot be recovered. I acknowledge that donations made under this arrangement are made voluntarily and unconditionally and I will not benefit from the donation other than the benefit of the deduction itself.

Approval and declaration

I authorise my employer, to implement the Workplace Giving arrangements as stated above.

Signature: _____ Date: _____

✓ Employee checklist

- To authorise regular donations to the Two Rocks State Emergency Service please complete this form and sign it.
- Send a copy of this form to financeofficer@tworocksses.com.au or post to **PO Box 12, Two Rocks, WA, 6037**
- Hand this form to your Payroll Manager.

✓ Payroll Manager checklist

- Please contact Two Rocks State Emergency Service at financeofficer@tworocksses.com.au to obtain the BSB and Account number for TRSES Workplace Giving.
- Keep a copy of this employee authorisation for your records.
- Each pay period please transfer the total pre-tax employee donations for that payroll period (individual names not required) to the Two Rocks State Emergency Service account.
- Each pay period send a remittance email to financeofficer@tworocksses.com.au for accounting purposes.