TORRID

EMPLOYEE EMERGENCY FUND ENROLLMENT FORM

Created by employees for employees; the Employee Emergency Fund provides assistance to fellow employees in the event of natural disasters or catastrophic emergencies. If you wish to enroll, change, or stop contributing to the Emergency Fund, please complete all sections of this form and send it to Human Resources via email: tdhumanresources@torrid.com or via fax: (626) 956-0892.

Section 1: Employee Information- (Print Legibly)

First Name:			Last Name:	Middle Initial:
Employee #:	Store:	Dist:	Reg:	Position:
Street Address:				
City, State, Zip:				

Section 2: Enrollment Selection-

☐ **I wish to enroll and authorize the following payroll deduction as indicated in Section 3.**
I understand that deductions will become effective on the next pay period following my submission of this form.

☐ **I am currently enrolled and wish to change (increase or decrease) my deductions.**
I understand that these changes will become effective on the next pay period following my submission of this form.

☐ **I am currently enrolled and wish to stop my participation.**

Section 3: Payroll Deductions/Contributions-

FTO: (FTO hours to be donated in 1 hr increments up to a max of 40 hours per year)

☐ **I elect to give a one-time contribution to the Employee Emergency Fund of: _____FTO hrs.**

Dollar Amount:

☐ **I elect to contribute a one-time dollar amount to the Employee Emergency Fund: $ _____from my check.**

☐ **I elect to contribute a bi-weekly dollar amount to the Employee Emergency Fund: $ _____from my check.**

AGREEMENT & AUTHORIZATION
I understand that all my contributions made to the Employee Emergency Fund are irrevocable and will be subject to the appropriate taxes. I hereby authorize Torrid LLC. to execute what I have elected in Sections 2 and 3 on behalf of the Employee Emergency Fund.

Employee Signature: _____ Date:_____