



## Payroll Deduction Authorization

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The **PUJA FOUNDATION** was established to provide financial assistance to the employees of Apple Texas Restaurants, Inc. Puja Dharod was compelled to start a foundation which provides financial support when associates find themselves in a financial crisis brought on by a catastrophic life event.

During summer vacations from school, Puja would spend her time working with her father, Sunil Dharod. While working, Puja witnessed many unfortunate events ranging from medical issues to home fires and, occasionally, the unexpected death of an employee or an immediate family member. These experiences motivated Puja to establish the **PUJA FOUNDATION** to help your fellow co-workers in their time of need.

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### Who is eligible to receive a grant from the **PUJA FOUNDATION**?

All active, full- and part-time associates in good standing.

### Why would I apply?

To offset expenses in cases of a catastrophic life event. Examples of approved applications: medical emergency for self or member of household, house fire, or natural disaster. Examples of non-approved application: loan or debt re-payment, expenses for family members not residing in the same household.

### How do I apply?

See your manager for an application or call the Human Resources department at (972) 644-9494 Ext 149. You may fill out an application for yourself or on behalf of another associate.

### When would I receive the funds?

If your application is approved, a check will be sent as quickly as possible, usually in less than one week.

### How do I donate to the **PUJA FOUNDATION**?

You may donate by payroll deduction (for example, \$1 per paycheck).

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Associate's Name: \_\_\_\_\_ Social Security #: \_\_\_\_\_

I authorize a per paycheck deduction of \$ \_\_\_\_\_ to be contributed to the **PUJA FOUNDATION**.

I authorize for a **one time** payroll deduction of \$ \_\_\_\_\_ to be contributed to the **PUJA FOUNDATION**.

Home Address: \_\_\_\_\_  
Street Address City State Zip

Telephone: (\_\_\_\_\_) \_\_\_\_\_ Payroll #: \_\_\_\_\_ Store#: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*Deductions will begin the first full pay period after this form is processed. Please return completed form to your store manager. Your payroll deduction is tax deductible, and will remain in effect until changed by you.*

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**STORE MANAGER – FAX COMPLETED FORM TO (866) 580-5990**