

COBB COUNTY EMPLOYEES' FRIENDSHIP CLUB APPLICATION

Please complete the form below and give it to your Department Personnel Representative.

Employee's Name _____ Badge ID No. _____

Department Name, Org. and Unit No. _____

_____ *I would like to join the Friendship Club.* Effective immediately, I authorize the Cobb County Finance Director/Comptroller to deduct \$ _____ from each of my bi-weekly paychecks until I give you written notice otherwise.

Employee's Signature

Date

COBB COUNTY EMPLOYEES' FRIENDSHIP CLUB DIRECTIVE TO INCREASE OR DECREASE

Please complete the form below and give it to your Department Personnel Representative.

Employee's Name _____ Badge ID No. _____

Department Name, Org. and Unit No. _____

_____ *I am currently a member of the Friendship Club.* Effective immediately, please increase/decrease (circle one) my bi-weekly contribution to \$ _____. I authorize the Cobb County Finance Director/Comptroller to deduct these funds from each of my bi-weekly paychecks until I give you written notice otherwise.

Employee's Signature

Date