

Renown Health Employee Emergency Fund (EEF) Application

Part 1 – Employee Information:			
Employee Name (Last, First MI):		Contact Telephone #: ()	Employee ID #
Job Title:	Department:	<input type="checkbox"/> Full-time (36 + Standard Hours) <input type="checkbox"/> Part-time (20-35 Standard Hours) <input type="checkbox"/> Per Diem	Date of Hire: / /
Part 2 – Assistance Information:			
<p>Please provide a written summary of the reason(s) for your request, last two pay stubs, and attach any documentation which you feel would support your request (i.e. copies of past due bills). EEF policy states that an employee must be experiencing an unforeseen financial crisis or emergency. Failure to provide this information could delay the processing of your request, or result in denial, so please be specific when explaining your situation. Please note: Other pay check deductions will be taken into consideration, as well as any corrective actions within the last 90 days.</p>			
Part 3 – Employee Acknowledgement:			
<p>Have you or another member of your household requested assistance before? <input type="checkbox"/> No <input type="checkbox"/> Yes If Yes, indicate the date and whether it was approved: Date: _____ Approved: <input type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>Have you looked for assistance from any other sources: <input type="checkbox"/> No <input type="checkbox"/> Yes If Yes, please indicate the source and the outcome:</p>			
<p>Everything that I have stated on this application is true and accurate. My signature below confirms this and also authorizes the Employee Assistance Fund Committee to validate any information provided. I acknowledge that the approval of this request for assistance is at the sole discretion of the Committee and I understand and agree to the conditions set forth regarding the approval or denial of my request.</p>			
Employee Signature:			Date: / /
<p>Send completed applications to Renown Health Foundation: Employee Emergency Fund, Mail Code O-2, or email Brent.Reed@renown.org</p>			
Part 4 – Employee Assistance Fund Committee Approval:			
<p>The decision of the Employee Assistance Fund Committee is as follows:</p> <ul style="list-style-type: none"> <input type="checkbox"/> To approve the request. <input type="checkbox"/> To deny the request for the following reason(s): <input type="checkbox"/> Application does not meet criteria as stated in EEF policy <input type="checkbox"/> Insufficient documentation provided 			
Signature of Committee Member(s):			Date: / /