Renown Health Employee Emergency Fund (EEF) Application

Part 1 – Employee Information:				
Employee Name (Last, First MI):			Contact Telephone #:	Employee ID #
Job Title:	Department:		time (36 + Standard Hours)	Date of Hire:
			time (20-35 Standard Hours)	/ /
Part 2 – Assistan	ce Information:	🗆 Per I	Jiem	
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				
	preseen financial crisis or emergency. Fai			
	equest, or result in denial, so please be sp s will be taken into consideration, as well			
				ust 50 uuys.
Have you or another date and whether it w	member of your household requested ass was approved: Date:		before? □ No □ Yes If ved: □ No □ Yes	Yes, indicate the
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