



EMPLOYEE EMERGENCY ASSISTANCE FUND APPLICATION

Date of Application: _____

Name of Applicant: _____ Phone: _____

Which Dept. do you work in: _____

How soon is assistance needed: _____

What type of assistance (select one): Childcare _____ Employee _____

Reasons for requesting this type of assistance (be as specific as possible):

*****Internal use*****

Action Taken: _____

Approved by: _____

Date: _____