Employee Emergency Fund Application



Employee Information

Employee Name		Sam ID#	
Department			
College/Division			
Campus	Length of SHSU Service		
Home Street Address			
City	Zip	Home/Cell Phone	
SHSU Email Address		Alternate Phone	
Employment Information - Check all that apply			
☐ Currently an active, benefits-eligible, non-faculty, university staff employee			
☐ Have not received payment from the Employee Emergency Fund within the past two			
years I have worked for SHSU for at least 1 year			
Details of Temporary Hardship			
What is the expected length of time for this hardship?			
Have you missed time from work due to this hardship? (Yes or No)			
If yes, how much?:			
Have you received or will you be receiving insurance payments from a claim that partially or fully cover expenses related to this temporary hardship? (Yes or No)			
What is your most urgent bill?			

Employee Emergency Fund Application



Describe the TEMPORARY HARDSHIP that is the basis for this application. Attach additional pages if needed.				
A				
Amount Requesting: \$500 maximum				
Describe the supporting documentation be	ing attached. (Suggested documents listed	on page 1.)		
I certify that the information provided in the application is complete and accurate and that my financial hardship is genuine. I certify that all supporting documents that I provide are valid and accurate. If I receive an award, any outstanding SHSU debts will be deducted first (For example, parking ticket(s) would be deducted but not parking installments.) I will apply all money received toward debts related to my hardship. I certify that I have read and understand the Employee Emergency Fund Guidelines and information provided may be verified. I understand that all decisions rendered by the EEF reviewer are final.				
Employee Sig	gnature	Date		
For EEF Reviewer Use Only				
Date Received	Application Number	Eligible		
Approved Denied	Amount Approved	Date Reviewed		
EEFChair		Date Completed		