

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? _____

