

Employee Emergency Fund Request Form

No information will be shared with a third party except for processing or tax reporting purposes if an award is provided. Completed application materials will be retained by Creighton University's Human Resources Department.

Date of Application _____

Employee Information

Employee First Name _____ Last Name _____

Preferred Phone # _____ Alternative Phone # _____

Home Address _____

City _____ State _____ Zip Code _____

Email Address _____ Creighton Net ID _____

Department/School _____ Job _____

If this application is being completed by a representative of the employee:

Representative First Name _____ Last Name _____

Relationship to Employee _____ Phone # _____

Email Address _____

Details of Emergency

1. Describe the circumstances surrounding the need for assistance. If possible, please include with this application any documents substantiating or supporting your need for assistance.

2. What is the dollar amount needed to work through this emergency?

3. Please share other comments or information that would be helpful in determining your request.

I certify that the information provided is true and correct to the best of my knowledge, and that any money received will be used to relieve the stated financial hardship. I agree to provide the Committee administering this program with documentation regarding my hardship upon request. I also understand that money received from this fund will be treated as taxable income and is a one-time award. Any intentional misrepresentation of information contained in this application or shared during its review will result in forfeiting this and any future application for assistance, possible disciplinary action and a potential demand for repayment of funds issued. Furthermore, I understand that the completion of this application does not guarantee funding, and that if needed I will address any concerns or questions related to my application.

Signature _____ Date _____

We look forward to considering your application to the Creighton Employee Emergency Fund. Please submit this form and supporting documentation to Molly Billings, Director of Human Resources, at MollyBillings@creighton.edu, via fax at 402-280-5516, through inter-campus mail to Human Resources, or in person at the Cardiac Center, 3006 Webster Street. Every effort will be made to address your application based on the urgency of the need.

FOR EEF ADMINISTRATIVE PROCESSING ONLY

Date Received: _____ Referred to EAP? Yes No Benefits eligible? Yes No

Date of Hire: _____ Attachments needed/included? Yes No Prior Award? Yes No

Committee Decision: Approved Declined Why? _____

Amount \$ _____ Date Submitted for Disbursement: _____

Date Submitted to Payroll: _____ Comments: _____

For Payroll Dept. Use:
Date(s) disbursement will be processed as taxable wages: _____
