

Staff Emergency

Staff Emergency Fund Application

Employee Information

Employee Name:

Employee R#:

Department:

School/Division:

Campus:

Length of Service:

TTUHSC Email Address:

Home/Cell Phone:

Alternate Phone:

Is it ok to leave a message? Yes No

Certification of Accuracy

In completing the SEF application, I certify that the information provided, including the supporting documents, is complete and accurate and that my financial hardship is genuine. I will apply all money received toward debts related to my hardship. I certify that I have read and understand the Staff Emergency Fund Guidelines and information provided may need to be verified. Verification information may include, but is not limited to:

- I have been employed as a full-time or part-time, benefits-eligible, non-faculty Texas Tech University Health Sciences Center staff member for at least 12 consecutive months prior to the application date
- I have not received any corrective actions, or other documented misconduct or performance issues within the previous 6 months
- I have considered other possible resources including use of Sick Leave Pool if applicable
- I have not received an SEF award within the past 24 consecutive months

I understand that all decisions rendered by the SEF Committee are final and the award amount will be processed through Payroll and Tax Services with appropriate deductions taken.

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Details of Temporary Hardship

Please answer each question as best as you can. If you need more space, you may attach additional pages.

1. Total Request Amount: \$ _____ (a maximum of \$500.00 may be requested)
2. How did you arrive at your Total Requested Amount (see #1 above):

3. Please describe the nature of the emergency:

4. Please describe how this emergency affects you:

5. What is your most urgent bill/expense?

6. Has this emergency impacted your work at TTUHSC? If so, how:

7. Have you missed time from work?
Yes No

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* Additional documentation may be requested by HR and/or the SEF Committee.