**Employee Hardship Fund**

**Application & Agreement**

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| **Click here to enter a date.**  Date | **Click here to enter text.**  First Name | **Click here to enter text.**  Last Name | **Click here to enter text.**  Employee ID # |
| **Click here to enter text.**  Street Address | **Click here to enter text.**  City | **Choose an item.**  State | **Click here to enter text.**  Zip Code |
| **Click here to enter text.**  Personal Phone | **Click here to enter text.**  Work Phone (if applicable) | **Click here to enter text.**  Email | **Choose an item.**  Preferred Contact Method |
| **Click here to enter text.**  Position | **Choose an item.**  Organization | **Click here to enter text.**  Location | **Click here to enter text.**  Hourly Rate |
| **Choose an item.**  Type of Emergency (see definitions below) | | **Click here to enter text.**  Amount requested from the Hardship Fund | |
| Please describe your emergency and circumstances in detail.  **Click here to enter text.** | | | |
| Please check all applicable:  I have exhausted all other appropriate means of assistance.  The hardship is unexpected and beyond my control.  I understand that any monies I may be granted from this fund may be considered taxable income and,  therefore, reported as such by Sheppard Pratt Health System to the Internal Revenue Service.  I understand that I am solely responsible for the validity of the information provided on this  application and agreement and that the personal financial information is current and accurate. I  understand that any intentional misrepresentation in this application may result in cancellation of my  award; my having to repay any monies granted; and may also result in adverse employment  consequences for me. | | | |

Type of Emergency Definitions:

* + Qualified Disaster
  + A qualified disaster is defined in section 139 as a disaster that:
    - Results from terrorist or military actions
    - Results from an accident involving a common carrier
    - Is a Presidentially-declared disaster
    - Is deemed catastrophic by the Secretary of Treasury
  + Qualified disaster relief payments within the meaning of section 139 include payments received (regardless of the source) for the following expenses:
    - Reasonable and necessary personal, family, living, or funeral expenses incurred as a result of a qualified disaster
    - Reasonable and necessary expenses incurred for the repair or rehabilitation of a personal residence due to a qualified disaster (a personal residence can be a rented residence or one owned)
    - Reasonable and necessary expenses incurred for the repair or replacement of the contents of a personal residence due to a qualified declared disaster
  + Qualified disaster relief payments do **not** include:
    - Payments for expenses otherwise paid for by insurance or other reimbursements
    - Income replacement payments, such as payments of lost wages, lost business income, or unemployment compensation
  + Personal Hardship
    - The health system may choose to distribute funds to employees for personal hardships that are not considered qualified disasters under Internal Revenue Code 139. These funds will be subject to applicable tax withholdings.
    - Examples of personal hardships that may be applicable include:
      * Serious illness or injury
      * Undue hardship not caused by employee
      * Fire, flood, or natural disaster
      * Military deployment
      * Violent crime
      * Death in the family

*To be completed with Employee Relations present after payment*

**Agreement and Authorization – Please Read Carefully**

No employee is entitled to receive an award from the hardship fund by their employment, history of contributions to the fund, or because of any precedent inferred from a previous award from the fund. Awards may be presented prior to the receipt of all required documentation, but can be reversed if the appropriate documentation is not supplied in a timely manner. This application will be treated in a confidential manner by the Sheppard Pratt Health System. Non-identifying information will be reported to the committee and others on a periodic basis, such as number of employees awarded grants and amount awarded.

I certify that the information provided in this application and any attachments to it is true and correct as of the date set forth below. My signature acknowledges and permits the Sheppard Pratt Health System to verify all information including employment status. This includes making appropriate contacts and disclosures with my creditors, health care providers, and others referenced in this application, to ensure that reported information is accurate.

Employee Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Witness Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| Choose an item.  **Approval** | Click here to enter text.  **If Denied, Explanation** | | Click here to enter text.  **If Approved, Amount Paid** |
| Received Click here to enter a date. Date Received  **Documentation** | | **Correspondence Attached** | |
| Click here to enter text. Choose an item. Click here to enter text. Choose an item.  Click here to enter text. Choose an item. Click here to enter text. Choose an item.  Click here to enter text. Choose an item. Click here to enter text. Choose an item.  Click here to enter text. Choose an item. Click here to enter text. Choose an item.  Click here to enter text. Choose an item. Click here to enter text. Choose an item.  **Hardship Fund Members Vote Hardship Fund Members Vote** | | | |
| Choose an item.  **Employee Relations Representative** | **Signature** | | Click here to enter a date.  **Date** |