Employee Emergency Assistance Fund (EEAF)



Guidelines

The Employee Emergency Assistance Fund, comprised of philanthropic donations, provides limited non-primary financial assistance of up to \$500* to meet immediate and essential needs of Texas Woman's University employees experiencing a temporary hardship due to an emergency life situation.

*The University may allow higher amounts, not to exceed a 100% increase, based on multiple factors including funding availability, size of request and nature of emergency.

Eligibility

Applicants must:

- Be a regular benefits eligible employee (faculty and staff) at the time of application and award.
- Have continuous employment for at least 90 days prior to the date of application.
- Have a temporary financial hardship due to an emergency life situation.

Temporary financial hardship is one caused by a defined, time-limited, specific event*, such as:

- Natural disaster**
- Death of a family member
- Fire
- Serious illness
- Critical injury

*Although there may be clear need for assistance, emergency funding is not guaranteed and is based on demonstrated need, short term nature of the financial hardship, committee approval and available funds. The fund may be insufficient in case of widespread disasters, community crisis or war/terrorism. Partial awards of the original request amount may be awarded.

**Including university, local, state or federal declared emergencies.

Applications that contain fraudulent, misleading or inaccurate information will not be considered.

How to Apply

- Complete and print out the Employee Emergency Assistance Fund Application (pages 2 & 3 of this document). All
 applications are treated as confidential to the extent possible.
- Attach a copy of your most recent earnings statements and supporting documentation. Examples of supporting documentation might include: death certification, copy of related bills, police or fire report, letter from medical provider, etc.
- Email <u>acagle@twu.edu</u> Fax to 940-898-3566, send through interoffice mail, ATTN: EEAF Committee, to the Office
 of Human Resources or mail to Texas Woman's University, ATTN: EEAF Committee, Office of Human Resources,
 PO Box 425739 Denton, TX 76204
- Applicants may be contacted by the EEAF Committee for additional or missing information which may delay the application process.
- In most cases, applicants will be notified of the EEAF Committee's decision and/or status within 10 business days after the application is received.
- If the application is approved, the check will be mailed to the address specified on the application.

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Application

Employee Information				
Employee Name		Position		
Department		Campus		
Home Street Address				
City	Zip	Home/Cell		
Email Address		Alternate Phone		
Check all that apply:				
\square Currently a regular benefits eligible employee (faculty and staff) at the time of application and award.				
\square Have continuous employment for at least 90 days prior to the date of this application.				
Temporary Hardship Details				
What is the expected length of time for this hardship?				
Have you missed time from work due to this hardship?				
If yes, how much?				
Have you received or will you be receiving an insurance claim that partially or fully cover expenses related to this temporary hardship?				
What is your most urgent expense?				

Describe the temporary hardship	that is the basis for this	application. Attach addition	nal pages if needed.
Amount of Request		Nature of Expense	
Describe the supporting documen	tation that you have at	tached.	
genuine. I certify that all supporting from the Employee Emergency Asto my hardship. I certify that I ha	g documentation that I ssistance Fund is taxable ve read and understand quested and any inform	provide are valid and accura e income. I will apply all mo d the Employee Emergency	te and that my financial hardship is te. I understand that money I receive oney received towards debts related Fund Guidelines & Application, that rified. I understand that all decisions
Employee Signature		Date	
Office use only			
Date Received			wed
Approved Amount	Denied		
EEAF Chair (designee) Signature		Date C	ompleted