

Employee Emergency Loan Fund

Confidential Application
Please Print

Name _____

Employee ID number _____ Work Unit _____

Manager's Name _____ Extension _____

Phone (work extension) _____ Home _____

Amount Requested: _____

Please describe why this is an Emergency:

What other resources have you attempted to utilize?

Please attach any documentation related to this circumstance such as a bill, notice, estimate of expense, etc. from the creditor or vendor of the service needed.

I have read and understand the guidelines regarding the Employee Emergency Loan Program, and certify that this information is truthful. I also authorize the Employee Assistance Program to contact my manager and verify my employment standing

Signature: _____ Date: _____