

### Employee Care Fund Application

Employee Name	Date of Application
Employment Status (Check One Box) <input type="checkbox"/> Actively at Work <input type="checkbox"/> Layoff <input type="checkbox"/> Leave of Absence <input type="checkbox"/> Terminated	Date of Layoff or LOA
Description of Situation: <i>Provide a description of the crisis involving the employee.</i>	
What was the triggering event (i.e. serious health condition, fire, tornado)?	Duration of the event?
If approved, how will the funds be used by the employee?	
Application Submitted By (Print Name)	

**Committee Approval**

Committee Member	Approved	Not Approved
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		

Amount of Donation Approved: \_\_\_\_\_

Date: \_\_\_\_\_