

## Huntsville Hospital Employee Emergency Fund Request for Assistance

- The Employee Emergency Fund (EEF) is a designated fund established by the Huntsville Hospital employee giving organization, the Lifesaver Club.
- No employee is entitled to receive assistance, either by their employment history, history of contributions to the Lifesaver Club/ Huntsville Hospital Foundation, or because of any precedent inferred from previous assistance from the fund.
- Employees who receive assistance are encouraged to “pay it forward” through contributions to the Lifesaver Club since it is the gifts from fellow employees that make this assistance possible.

### GUIDELINES FOR ASSISTANCE

**\*\*PLEASE READ THIS SECTION CAREFULLY BEFORE PROCEEDING\*\***

#### **EMPLOYEE ELIGIBILITY**

- I have experienced a catastrophic event or unusually dire circumstances
- I am a full time, part time or PRN employee and work at least 24 hours per week
- I have cleared my six-month provisional period
- It has been more than a year since I received assistance from the EEF

*Employment status (e.g. disciplinary actions and ETO balance) will also be considered when determining eligibility for emergency assistance.*

#### **ELIGIBLE CIRCUMSTANCES OR CATASTROPHIC EVENTS**

The purpose of the fund is to provide emergency assistance to employees who have experienced a catastrophic event or unusually dire circumstances resulting in financial hardship. ***The fund is not intended to assist employees with hardships resulting from poor financial management.***

#### **Qualified circumstances:**

- Serious accident, illness or death of employee, employee spouse or dependent child
- Severe damage to primary residence caused by fire or storm
- A series of unexpected and unfortunate events resulting in significant hardship or dire circumstances
- One time needs carrying an expense which improve employee’s quality of life and enhance their job performance at Huntsville Hospital

#### **Unqualified circumstances:**

- Daily household or home repair bills that are late due to everyday situations or negligence
- Time off after planned or elective surgery because employee did not have enough ETO
- Car repairs, tires, car insurance
- Expenses related to the illness of a parent, grandchild or sibling
- Airfare to travel to funeral
- Legal expenses
- Loss of income solely due to unemployment of spouse

***Each application is taken very seriously and will be carefully reviewed and considered. The committee strives to make decisions fairly for all employees.***

Please submit your completed application via email to: [foundation.employee.assistance@hhsys.org](mailto:foundation.employee.assistance@hhsys.org)

OR you can hand-deliver your application to the Human Resources office in a sealed envelope labeled

**“Emergency Fund Application”**

#### **EEF COMMITTEE APPROVAL PROCEDURES:**

- EEF Committee meets ***on the last Tuesday of each month*** to review applications.
- Applications must be turned in by 12:00 noon the Friday before each meeting.
- You will receive a phone call if there are any questions regarding your application prior to the meeting.
- You will be notified by mail or telephone, whether funding is approved or not.
- Due to the large volume of applications, appointments cannot be made with the fund committee.
- Once you have been that your application has been approved and you have provided the necessary information, please allow up to seven business days for your check(s) to be processed and mailed to the designated businesses.

**Questions? Please contact: [foundation.employee.assistance@hhsys.org](mailto:foundation.employee.assistance@hhsys.org) or Lawryn at 256-265-6882**

# Huntsville Hospital Employee Emergency Fund Application

## EMPLOYEE INFORMATION

Full Name: _____	HH Employee ID# _____
Telephone #s: Work _____	Cell _____
Email address: _____	Marital status: _____

## EMPLOYMENT INFORMATION

***Please submit the following documentation with your application:***

- Your most recent Huntsville Hospital pay stub and any additional job
- Your spouse's most recent pay stub (if applicable)
- The most recent pay sub for any children who also contribute to the household income (if applicable)
- Documentation for any short or long-term disability income for you, your spouse or other dependent (if applicable)

HH Unit/Department: _____	; Position: _____
Immediate Supervisor: _____	; Dept Head/Manager: _____

**Are you currently employed anywhere else?**  Yes  No *(Please list your other employer(s) below.)*

Additional employers and dates employed:

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## HOUSEHOLD INFORMATION

*If listed as "Student" please indicate whether full or part-time student.*

Name	Age	Relation	Occupation & Employer



**SIGNATURES**

Application must be signed by both employee and supervisor to be eligible for review.

**Employee Applicant**

By signing below, I verify that:

- I have fully read the application checklist (page 1) and believe my circumstances to be eligible for assistance
- The information contained in my application is true and accurate
- I am releasing Huntsville Hospital and the EEF committee from any liability associated with rejection of this application or delay of payment
- I authorize the EEF committee to verify and/or obtain additional information (including the review of my Benefits coverage, ETO usage and disciplinary actions, as applicable) necessary to process this application

I hereby request that my application for the Employee Emergency Fund be reviewed by the EEF committee:

\_\_\_\_\_  
**Employee Signature**

\_\_\_\_\_  
**Date**

**Applicant's HH Supervisor**

I hereby acknowledge that I am aware and support the submission of this application by my employee, and am willing to speak with the EEF committee to verify any information relating to his/her circumstances and employment information.

\_\_\_\_\_  
**Supervisor Signature**

\_\_\_\_\_  
**Date**

**FOR COMMITTEE USE ONLY**

Date Received:	Committee Meeting:
DOH:	Auth Hours:
Disciplinary Actions:	ETO Balance:

**Notes:**

Empty box for notes.