TTU HSC
STAFF SENATE

Staff Emergency Fund Application Guidelines

The Texas Tech University Health Sciences Center (TTUHSC) Staff Emergency Fund (SEF) was established to provide limited financial assistance to both exempt and non-exempt staff employees of TTUHSC who are experiencing a **temporary** hardship due to a significant life event.

A temporary financial hardship is one caused by a defined, specific event including:

- Death of an immediate family member
- Natural disaster (fire/flooding/tornado/etc.)
- Serious illness or critical injury

Any financial assistance must be tied back to the institutional definition of a financial hardship. The SEF is possible because of the support of the TTUHSC President, TTUHSC Staff Senate, generous donors and fundraising efforts. Awards are contingent on fund availability and other requirements set forth below.

Fund Eligibility

To be eligible for assistance, staff members must meet the following criteria:

- Must be continuously employed as a full-time or part-time, benefits-eligible, non-faculty TTUHSC staff member for at least 12 consecutive months prior to the application date.
- Have not been issued corrective actions or have other documented misconduct or performance issues on file within the previous 6 months.
- Have considered other possible financial resources including use of Sick Leave Pool, if applicable.
- Have not received an SEF award within the past 24 consecutive months.

Applications for emergency funds may be approved at any time during the fiscal year, but they should be submitted to the Staff Senate through the application process listed below within three months of the date of the event. Emergency funding is not guaranteed and is based on demonstrated need, short-term nature of the financial hardship, committee approval, and available funds, not to exceed $500.00.

**Given the limited amount of funds, all requests cannot be approved even though there may be a clear need for assistance. This fund may be insufficient in the case of widespread disasters, community crises, or war/terrorism.*

Application Process

- Complete and print the application, then sign and date to verify that the information is valid and accurate. Information provided by applicants will be treated as confidential and shared only with individuals directly involved in fund administration.
- Submit completed application and supporting documentation related to the hardship for review by the SEF Review Committee. Applications can be submitted be emailing to **staffsenate@ttuhsc.edu.**
- Applicants may be contacted by a member of Staff Senate EF Committee or a Human Resources representative to verify accuracy of the application being submitted and additional documentation if needed.
- Staff Senate will acknowledge receipt of your application within 5 business days after the completed application has been received. An incomplete application could cause a delay in the review of your application. All decisions of the committee are final.
- If the application is found to contain misleading, inaccurate information is incomplete, it will be considered invalid.

Staff Emergency Fund Application

Employee Information

Employee Name: _____Employee R#:_____

Department: _____School/Division: _____

Campus: _____Length of Service: _____

TTUHSC Email Address: _____

Home/Cell Phone: _____ Alternate Phone: _____

Is it okay to leave a message? ☐ Yes ☐ No

Certification of Accuracy

In completing the SEF application, I certify that the information provided, including the supporting documents, is complete and accurate and that my financial hardship is genuine. I will apply all money received toward debts related to my hardship. I certify that I have read and understand the Staff Emergency Fund Guidelines, and that information provided may need to be verified. By signing this form, I am agreeing to the application requirements and understand that the information I give may be verified with HR:

- I have been employed as a full-time or part-time, benefits-eligible, non-faculty Texas Tech University Health Sciences Center staff member for at least 12 consecutive months prior to the application date
- I have not received any corrective actions or other documented misconduct or performance issues within the previous 6 months
- I have considered other possible resources including use of Sick Leave Pool (if applicable).
- I have not received an SEF award within the past 24 consecutive months.

I understand that all decisions rendered by the SEF Committee are final and the award amount will be processed through Payroll and Tax Services with appropriate deductions taken.

Employee Signature: _____ Date: _____

Details of Temporary Hardship

Please answer each question as best as you can. If you need more space, you may attach additional pages.

1. **Total Amount Requested:** $ _____ (a maximum of $500 may be requested)

2. **How did you arrive at your Total Requested Amount (see #1 above)?**

3. **Please describe how your situation relates to the criteria of a temporary hardship.**

4. **Please describe how your temporary hardship affects you.**

5. **What is your most urgent bill/expense? (Please remember to attach all supporting documentation with application submission)**

6. **Has this temporary hardship impacted your work at TTUHSC? If so, how?**

7. **Have you missed time from work?** ☐ **Yes** ☐ **No**
   If yes, roughly how many days have you missed? _____

8. **Have you received or will you be receiving insurance payments from a claim that partially or fully covers expenses related to this temporary hardship?** ☐ **Yes** ☐ **NO**