Staff Emergency Fund Application

Instructions

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.

The SEF is possible because of the support of the TTUHSC President, TTUHSC Staff Senate, and generous donors. 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 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.

Nature of Expense

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

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

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 the application, then sign and date to verify that the information is accurate.
- Submit completed application and supporting documentation related to the hardship for review by the SEF Committee.
- Applications can be submitted in the following ways:
    - By email: staff.senate@ttuhsc.edu
    - Through the eRaider protected form on the Staff Senate website: https://www.ttuhsc.edu/staff-senate/

- You may be contacted by the Human Resources representative to provide supporting documentation.
- Staff Senate will respond to all applicants within 10 business days after the completed application has been received. All decisions of the committee are final.
- If your application is found to contain misleading or inaccurate information, it will be considered invalid.

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Employee Information

Employee Name: _____ Employee R#: _____

Department: _____

School/Division: _____

Campus: _____ Length of Service: _____

TTUHSC Email Address: _____

Home/Cell Phone: _____ Alternate Phone: _____

Is it ok 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 information provided may need to be verified. Verification information may include, but is not limited to:

- 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: _____

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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 Request Amount: $ _____ (a maximum of $500.00 may be requested)

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

3. Please describe the nature of the emergency:

4. Please describe how this emergency affects you:

5. What is your most urgent bill/expense?

6. Has this emergency impacted your work at TTUHSC? If so, how:

7. Have you missed time from work? If Yes, roughly how many days?

☐ Yes ☐ No

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

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* Additional documentation may be requested by HR and/or the SEF Committee.