

UAB Faculty and Staff Benevolent Fund Employee Emergency Assistance Program

Assistance Procedures

Employee Name: _____ EEAP Case Number: _____

1. _____ (Initial) I agree to allocate all funds awarded as instructed by the UAB Benevolent Fund's Employee Emergency Assistance Program (EEAP) Committee, **I understand that I am requesting funding for the following bills and that the specific allocation of the assistance will be provided after the committee's decision is made:** _____

2. _____ (Initial) I understand that I **must provide receipts verifying the assistance award was applied as approved**. I will provide receipts to the EEAP office within 30 days following the receipt of my award. I further understand that it is my responsibility to provide receipts and the EEAP office will not contact me if I fail to provide receipts. **Failure to provide requested receipts** will be taken into consideration if future assistance is requested and **will be reason for denial of future requests**.
3. _____ (Initial) I acknowledge that assistance provided to me will take 2-4 days for processing and the award will be received as follows:
 - UAB employees: direct deposit through the same means as payroll.
 - Callahan, VIVA, HSF, HS employees - check available for pick-up by appointment from the Benevolent Fund Office within thirty (30) days or I will provide a valid address in writing to which the check can be mailed.
4. _____ (Initial) I understand that as a condition of my receiving assistance from EEAP, I am **required to receive financial counseling and I must provide proof including a balanced budget** to the EEAP. **Failure to provide documentation** of financial counseling to the EEAP office will be taken into if assistance is requested from EEAP in the future and **will be reason for denial of future requests**.
5. Please circle preferred method of contact for committee decision information: Email Phone

I understand that this form is being completed in advance of my case being presented to the committee and a determination has not been made regarding financial assistance. This form does not in any way indicate that financial assistance will be awarded to me.

Employee or Representative Signature

Date

EEAP Representative

Date