



The Peninsula's Community College

Employee Emergency Assistance Application

Requests for emergency assistance are considered on the basis of what is clearly recognized as a bona fide emergency. As such the employee assistance committee considers each request separately.

1. An employee is eligible for emergency assistance after having been employed for at least three consecutive months in a regular, full-time or part-time status.
2. Assistance for bona fide emergencies will be limited to one request every six (6) months.
3. A maximum of four grants will be allowed to any one person or household, during a two (2) year period.
4. The maximum amount available per employee, or household, may not exceed \$250 per request.

The maximum amount available during each two (2) year period may not exceed \$1000.

5. See next page for a list of qualifying emergency situations.

Fill out the attached Request for Emergency Assistance form completely. Return the form and this signed memo to the TNCC Educational Foundation.

I have read and understand the above guidelines.

Applicant Signature

Date

Requests for emergency assistance will be considered on the basis of what is clearly recognized as a bona fide emergency.

1. Food
2. Shelter: this includes possible eviction from present housing.
3. Utilities: to prevent utilities from being disconnected during an emergency situation.
4. Fuel: to aid in emergency situations to provide fuel for heat or cooking or heating of water.
5. Transportation: to aid in costly repairs only when car is necessary to continue employment (i.e., accident, fire or theft aid); aid not to include car payments, insurance premiums, taxes or normal maintenance and repair charges.
6. Deaths: to aid in expenses surrounding the death of immediate family member (spouse, mother, father, children, legal guardian, mother-in-law, father-in-law, daughter-in-law, son-in-law, brother, sister).
7. Medical: to aid employee in a medical emergency not reimbursable by insurance or where insurance coverage does not apply. Normal health maintenance expenses are not eligible.

Proper documentation will be required for items number 2 through 5. Appropriate documentation includes eviction/foreclosure notice, utility cut-off notice, etc.

Please submit your Emergency Assistance application directly to the TNCC Educational Foundation.

The guidelines and the attached form supersede all previous guidelines and forms.

REQUEST FOR EMPLOYEE EMERGENCY ASSISTANCE

1. NAME OF APPLICANT (Print) _____ DATE: _____

DATE OF EMPLOYMENT: _____ PREVIOUS REQUESTS: Yes _____ No _____

EMPLOYMENT STATUS: Part-time _____ Full-Time _____

2. HOME ADDRESS: _____

3. HOME TELEPHONE: _____ WORK TELEPHONE: _____

4. DEPARTMENT: _____ DIVISION: _____

5. ASSISTANCE REQUESTED:
PURPOSE: _____ AMOUNT: _____

6. GIVE REASONS FOR REQUEST (EXPLAIN FULLY; ATTACH ADDITIONAL SHEET IF NECESSARY)

7. DESCRIBE OTHER EFFORTS TO MEET NEED:

I UNDERSTAND THIS REQUEST IS CONTINGENT UPON THE AVAILABILITY OF FUNDS AND COMMITTEE APPROVAL.

APPLICANT SIGNATURE

DATE