

APPLICATION FOR BENEVOLENCE FUND MONIES

The Benevolence Fund is funded entirely by donations from WSU employees for the sole purpose of providing financial help to fellow employees in time of critical need. Employees in good standing (not on probation, meeting minimum employment of 3 years, meeting expectations on last performance review, and not having active disciplinary actions) with contracts of .75 FTE or greater who have experienced a catastrophic event (as defined by the committee) may request monies from the fund. One employee may act as an advocate for another in initiating the process. The advocate cannot be anonymous. The committee must be able to contact the recipient to verify information and obtain permission to proceed.

Part I. Procedure:

The VSL/Benevolence Fund Committee will review the information, determine if the event qualifies for assistance and decide on the amount to be awarded. Maximum possible award will be \$1,000.00. An employee may only receive assistance one time within a five-year period and the monies will be paid directly to the hospital or other billing entity.

Part II. Employee Information:

Name: _____ Phone: _____

Service Date: _____ FTE: _____

Part III. Request Information:

To help us determine need and coordinate effort, please describe the catastrophic event on a separate sheet of paper. Please be clear about the impact of this catastrophe on your ability to provide the basic necessities for yourself and your family. Include pertinent information regarding other personal and outside resources that may be available to you (e.g. religious organizations, Traveler's Aid). Where appropriate please explain the outcome of any request/s of assistance from other resources. Attach proof of need (i.e. invoice.)

Note: Failure to submit any additional requested information within ten (10) business days of request may result in rejection of application.

Part IV. Verification:

1. I understand that my application will not be considered unless all requested documents are included.
2. I understand that the information contained in the application documents will be reviewed by a representative of Human resources and the members of the VSL/Benevolence Fund committee. I further understand that all reasonable precautions to protect the information will be taken, however in the event of disclosure, I hereby release Weber State University and its representatives from any liability associated therewith.

Signature _____ Date _____

Submit documents to Human Resources, MA 111, MC 1016.

Committee use only:

Verification that employee is in good standing (meet expectations on last performance review and has no active disciplinary actions) completed? Yes___ No___

Application approved? Yes___ No___

Amount awarded: _____ Date paid: _____ Check/Requisition #: _____

If application was rejected, explain here: _____
