



Faculty and Staff Emergency Relief Fund Application

Instructions

The UNT Faculty and Staff Emergency Relief Fund provides limited financial assistance up to \$1,000 when an eligible faculty or staff member is unable to meet immediate, essential expenses because of a temporary hardship related to an emergency situation. Funds granted are counted as income and subject to applicable taxes.

This service is funded through the generosity of the UNT faculty and staff community.

Fund Eligibility

To be eligible for assistance, an individual must:

- Be an active, benefits- and retirement-eligible faculty or staff member;
- Have full- or part-time continuous employment for at least twelve (12) consecutive months prior to the date of application;
- Have a temporary financial hardship because of an emergency situation;
- Have a base annual salary of less than \$60,000;
- Have not received a Faculty and Staff Emergency Relief Fund award in the past two (2) years; and
- Have considered other possible resources.

Selection for the award will not be made based on an employee's protected status.

Nature of Expense

A temporary financial hardship is one caused by a specific event such as, but not limited to:

- Serious illness or critical injury
- Loss of livable housing due to structural damages caused by fire or other natural disaster
- Death of a family or household member
- Significant loss to household income affecting the employee's ability to pay for basic needs

Temporary financial hardship means a hardship event rather than pre-existing financial concerns.

Emergency relief funding is not guaranteed and is based on demonstrated need, short-term nature of the financial hardship, committee approval, and available funds. 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 crisis, or war/terrorism. Car repairs and transportation expenses resulting from damage to automobiles do not qualify as emergency expenses.

Application Process

- The requesting employee must complete the Faculty and Staff Emergency Relief Fund application, then sign and date to verify that the information is accurate.
- Submit completed application and attach copies of all bills and relevant supporting documentation related to the temporary hardship. Documentation may include items such as: death certificate, letter from medical provider on letterhead, police or fire report, or any other information the applicant believes may be necessary to thoroughly evaluate the request. **Do not attach documents containing personal health information related to diagnoses, treatment of medical conditions, or other medical information.** Any information provided is voluntary and the applicant releases the information for review by the committee.
- Applications can be submitted in the following ways: 1) email to FS.EmergencyFund@unt.edu; or 2) deliver in person to the Office of the President, Hurley Administration Building, Room 201.
- Applicants will be notified by the committee of approval or denial in writing within ten (10) business days of a determination. All decisions of the committee are final and are not subject to employee grievance procedures.
- If your application is found to contain misleading or inaccurate information, it will be considered invalid.

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Employee Information

Employee Name _____ EMPLID _____

Department _____

College/Division _____

Job Title _____ Length of UNT Service _____

Home Street Address _____

City _____ Zip _____ Home/Cell Phone _____

Email Address _____ Alternate Phone _____

Employment Information - Check all that apply

- Currently an active, benefits- and retirement-eligible faculty or staff employee with continuous full - or part-time employment for at least twelve (12) consecutive months prior to the date of application;
- Have an annual base salary of less than \$60,000;
 - Have not received a Faculty and Staff Emergency Relief Fund award in the past two (2) years.
- Currently on a leave of absence without pay.

Details of Temporary Hardship

What is the expected length of time for this hardship? _____

What is your most urgent bill? _____

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Describe the TEMPORARY HARDSHIP that is the basis for this application. Do not include personal health information related to diagnoses, treatment of medical conditions, or other medical information. Attach additional pages if needed.

Amount Requesting: _____ Nature of Expense: _____
\$1,000 maximum

Describe the supporting documentation being attached. (Suggested documents listed on page 1.)

I certify that the information provided, including supporting documentation, 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 Faculty and Staff Emergency Relief Fund guidelines and information may be verified. I understand that any information provided to support this application is voluntary and I release the information for review by the designed committee. All decisions rendered by the committee are final and are not subject to university grievance procedures. Any amount awarded will be processed through Payroll as income and appropriate deductions taken.

Employee Signature Date

For Committee use Only

Date Received _____ Application Number _____ Eligible _____
Approved _____ Denied _____ Amount Approved _____ Date Reviewed _____
FSERF Chair _____ Date Completed _____