



**EMPLOYEE EMERGENCY RELIEF FUND REQUEST**

If you are in need of emergency funds, please complete the request form below. Please be sure to answer all questions as detailed as possible. Once completed, please place form in a sealed envelope and drop off at the hospital Gift Shop.

**Maximum Employee Emergency Relief Fund Amount: \$0 to \$1,000**

- Reason for Request (Include but not limited to the following):
  1. **Catastrophic:** (Death of wage earner, destruction of home, flood, etc.)
  2. **Adverse Circumstance:** (Loss of employee wages – benefit bank must be at zero, funeral expenses, eviction, etc.)
  3. **Other:** (Describe below)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
  
- What circumstances led to the above hardship? (If you need more space, please attach)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Please provide proof of hardship (documentation must be attached to this request form).  
ALL SUPPORTING DOCUMENTATION WILL BE CAREFULLY REVIEWED AND VERIFIED**

Name of Requester: \_\_\_\_\_ Telephone: \_\_\_\_\_  
Date of Request: \_\_\_\_\_ Amount of Request: \_\_\_\_\_  
Department: \_\_\_\_\_

**DO NOT WRITE BELOW THIS LINE**

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- APPROVED
- NOT APPROVED (reason): \_\_\_\_\_

**Amount of Allocation: \$** \_\_\_\_\_ **Decision Date:** \_\_\_\_\_  
**Check Written To:** \_\_\_\_\_ **Check Number:** \_\_\_\_\_

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**Approval Signatures:** \_\_\_\_\_

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## EMPLOYEE EMERGENCY RELIEF FUND

### Statement of Purpose

The Employee Emergency Relief Fund has been created by the Waterbury Hospital Auxiliary, Inc. to assist Waterbury HEALTH employees in their time of need.

### Collection of Funds

Funds will be raised through:

- Donations
- Fundraising events

### Review of Requests

The request for assistance will be reviewed by members of the Waterbury Hospital Auxiliary Board on an as needed basis. Allocations will be made at the discretion of the Auxiliary members based on funds available. All requests will be submitted on the form established by the Auxiliary. In order to maintain the integrity of the fund and the privacy of each applicant's request, all assistance will be handled with the utmost confidentiality. All documentation will be carefully reviewed and verified.

### Eligible Types of Emergencies

- Catastrophic – to include but not limited to the death of wage earner, destruction of home, floor, etc.
- Adverse Circumstances to include but not limited to loss of an employee's wages (benefit bank at zero), funeral expenses, eviction, etc.
- Other – based on circumstances and proof of hardship.

### Non-Eligible Assistance

- Medical Expenses

### Disbursement of Funds

- Funds will be disbursed after requests are approved.
- Recipients are eligible to receive funds from one category per year at the discretion of the Waterbury Hospital Auxiliary Board.
- Employees with a minimum of one year employment required.
- A minimum of 35 hours per pay period (PT & FT status) to qualify for funds.

Please submit request to: [whauxiliaryevents@gmail.com](mailto:whauxiliaryevents@gmail.com).