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# UNIVERSITY *of* NORTH CAROLINA

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# PEMBROKE

## Employee Emergency Relief Fund Application

- The Employee Emergency Relief Fund program offers financial assistance to the University of North Carolina at Pembroke Faculty and Staff who have experienced a qualified hardship due to an unforeseen or unavoidable event.
- A qualified emergency is an event of such magnitude as to dislocate people, cause significant damage or destroy homes, or otherwise cause an extraordinary, non-recurring personal catastrophe or crisis, and result in a major financial burden.
- The program is administered confidentially through the Emergency Relief Fund Committee and the Associate Director of Human Resources provide oversight. Financial assistance provided through the Fund is intended to assist faculty or staff with immediate, essential expenses by providing one time funds to address the employee's hardship.
- The Emergency Relief Fund program is *not* designed to address ongoing financial challenges and is *not* a loan that requires the funds to be reimbursed.
- The Emergency Relief Fund program is funded through generous donations from individuals who are interested in supporting Faculty and Staff, in financial need due to an unplanned circumstance.

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### Employee's Information:

Employee Name	
Home Phone	
Home Address	
Email	
Division/Department/Unit	
University Position/Title	
Date of Hire	
Employee Banner ID	
Campus Phone Number	
Campus Address	

### Representative Information:

Representative Name:	Relationship to employee:
Contact Information:	

*This information will be used by the Relief Emergency Fund Committee in the application review process.  
You may attach additional information if necessary.*

**Emergency Description:**

1. **What is the purpose of this request? Describe the circumstances that led to the emergency and the extent of the problem.**

2. **Please provide the actual amount needed to overcome this immediate emergency, as well as the supporting specifics and documentation.**

3. **What other agencies or organizations have you applied to for assistance? Have you received any financial help to date? If so, how much?**

4. **Do you expect a settlement or other reimbursement from any source to help with your emergency? If so, how much? Please explain.**

5. **Do you have an insurance policy that covers these circumstances and if so, what is the deductible?**

6. **Do you have access to personal finances to cover this immediate need (i.e. savings or other available accounts)?**

7. **If this is a medical emergency, have you contacted the Office of Human Resources?**

8. **Please list individuals that reside in household, relationship and age.**

**Please attach any additional documentation to support your request.**