

**CAP SERVICES, INC.  
EMPLOYEE EMERGENCY FUND  
APPLICATION FOR GRANT**

**To Be Completed by Employee:**

**I understand this fund is for emergency use only. I have exhausted all other resources available to myself and my family.**

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Amount of assistance needed: \$\_\_\_\_\_ Estimated Return to Work Date: \_\_\_\_\_

# Hours scheduled to work per week \_\_\_\_\_ I am enrolled in CAP's health insurance plan \_\_\_\_\_

I am requesting: \_\_\_\_\_ Personal time added to my accrual \_\_\_\_\_ Payment of insurance premium \_\_\_\_\_

Reason for Request: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature of Employee

\_\_\_\_\_  
Date

**Payroll Department Verification**

Personal Time Accrual = \_\_\_\_\_ Vacation Time Accrual = \_\_\_\_\_ as of \_\_\_\_\_  
Balance in Emergency Fund \$ \_\_\_\_\_ Reviewed by: \_\_\_\_\_ Date: \_\_\_\_\_

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Employee Relations Committee Review:**

\_\_\_\_\_ Denied \_\_\_\_\_ Approved \_\_\_\_\_ Total Payment Approved: \$ \_\_\_\_\_  
\_\_\_\_\_ Add to Personal Time Accrual \_\_\_\_\_ For payment of insurance premium

Grant approved through \_\_\_\_/\_\_\_\_/\_\_\_\_ (pay period ending date).

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature of ERC Representative

\_\_\_\_\_  
Date

**For Fiscal Use Only:**

Date of Processing: \_\_\_\_\_ By: \_\_\_\_\_

Total Grant Approved: \$ \_\_\_\_\_ Employee Current Hourly Rate of Pay \_\_\_\_\_  
(Grant cannot exceed 50% of current EEF account balance)

\_\_\_\_\_ Total Hours Transferred to Personal Time Accrual

\$ \_\_\_\_\_ Total Amount for Ins. Premium