

Board Members:



Self-Help Assistance Request

Name:	Employee ID #:		
Contact information:			
Phone:	E-mail:		
Amount Requested: \$	the anniversary date, when	assistance from th	oution amt. \$150, \$300 or \$450 per year e fund was last used by the contributor)
Reason for request (check	cone):		
☐ Medical Assistance	□ Vehicle Ass	istance \Box	Heating Assistance
☐ Food Assistance	☐ Burial Assis	tance \square	Disaster Assistance
**Funds will not be issued until the	e request has been ap	proved and all s	signatures have been obtained!
If your request is	approved, please indi	cate where to se	end your funds:
П			
	*Paper Check	**Direct Depos	sit
	-	· ·	sit I before 4:30 on the preceding Tuesda
*Handwrites are not allowed. Chec	cks will be mailed if the re	quest is submitted	before 4:30 on the preceding Tuesda
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*Handwrites are not allowed. Check **Deposits will not post und Employee's Signature *****By signing this do BOARD USE ONLY	cks will be mailed if the rentil Friday if the request is comment, you are attestion out (\$150.00) Ful	quest is submitted submitted before ng that this is an Da	before 4:30 on the preceding Tuesday. 4:30 on the preceding Tuesday. Date actual emergency. te:
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Dawn Miller, Megan Bakken, Carrie Kier, Kenneth Bakken, Stephanie Longfield, Shannon Heisler, Kimberly Neisen, Jeremiah Kappedal, Tracey Mason