



Self-Help Assistance Request

Name: _____ Employee ID #: _____

Contact information:

Phone: _____ E-mail: _____

Amount Requested: \$ _____ Note: (Depends upon contribution amt. \$150, \$300 or \$450 per year)
Funds are available once a year (this is the anniversary date, when assistance from the fund was last used by the contributor)
please refer to the policies and procedures for more detailed information.

Reason for request (check one):

- | | | |
|---|---|--|
| ☐ Medical Assistance | ☐ Vehicle Assistance | ☐ Heating Assistance |
| ☐ Food Assistance | ☐ Burial Assistance | ☐ Disaster Assistance |

Explanation for Request: _____

****Funds will not be issued until the request has been approved and all signatures have been obtained!**

If your request is approved, please indicate where to send your funds:

- ☐ *Paper Check ☐ **Direct Deposit

*Handwrites are not allowed. Checks will be mailed - request must be submitted before 4:30 on the preceding Tuesday.

**Deposits will not be posted until Friday if the request is submitted before 4:30 on the preceding Tuesday.

Employee's Signature

Date

*******By signing this document, you are attesting that this is an actual emergency.**

BOARD USE ONLY

Date: _____

Amount approved: ☐ Full amount (\$150.00) ☐ Full amount (\$300.00) ☐ Full amount (\$450.00)
\$5.00 Contributions \$10.00 Contributions \$15.00 Contributions

1. _____
Board Member

2. _____
Board Member

3. _____
Board Member

*This request must have three (3) board members
signatures to be valid.

☐ **DENIED** (Reason for denial) _____

Revised: 9/17/26

Board Members: Dawn Miller, Megan Bakken, Carrie Kier, Kenneth Bakken, Stephanie Longfield,
Shannon Heisler, Jeremiah Kappedal, Tracey Mason, Taytum Weaver