



Self Help Assistance Request

Name: _____ Employee ID #: _____

Contact information:

Phone: _____ E-mail: _____

Amount Requested: _____ \$ **Note: 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.
(Depends upon contribution amt. \$150 or \$300 max per year)

Check reason for request:

- | | | |
|---|---|--|
| <input type="checkbox"/> Medical Assistance | <input type="checkbox"/> Vehicle Assistance | <input type="checkbox"/> Heating Assistance |
| <input type="checkbox"/> Food Assistance | <input type="checkbox"/> Burial Assistance | <input type="checkbox"/> 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

**Deposits will not post until Friday, if 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) ☐ Other: \$ _____
\$5.00 Contributions \$10.00 Contributions reason: _____

1. _____
Board Member

2. _____
Board Member

3. _____
Board Member

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

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

Revised: 3/7/2022

Board Members: Dawn Miller, Megan Bakken, Carrie Kier, Kenneth Bakken, Andrea Thompson,
Stephanie Longfield, Shannon Heisler, Kimberly Neisen