

# Chandler Unified School District Employee Crisis Fund

## Request for Financial Assistance

*Crisis is defined as an event that dramatically creates a financial hardship*

*Complete this form and return through inter-office mail to:*

**CUSD Employee Crisis Fund**  
C/O Donna Nigh  
District Office



Purpose: The CUSD Employee Crisis fund exists to provide financial assistance, medical or financial needs related to a crisis in the employee's life.

- The crisis fund will pay providers, vendors directly (i.e. physicians, medical providers etc...). We do not reimburse employees.
- Appropriate documentation is always required.
- Please complete the form and forward to Donna Nigh at the district office.

### Person Requesting Funds

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
School/Dept: \_\_\_\_\_ Position: \_\_\_\_\_ Date Submitted \_\_\_\_\_

### Confidential Information

|  |  |
|--|--|
| <b>Employee Name:</b> _____                    | <b>Amount of Money Requested:</b>                                    |
| <b>Site:</b> _____ <b>Position:</b> _____      | \$ _____   |
| Phone: _____ Email: _____                      | <i>* Additional paperwork is required for requests over \$2,000.</i> |
| Current Insurance: _____ PPO: _____ HSA: _____ |  |
| Secondary Insurance: _____ HSA Balance: _____  |  |

**Reason for Request of Funds (explain in detail, add additional paper if needed):** \_\_\_\_\_

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### For CUSD Crisis Committee Use Only

Signature \_\_\_\_\_ Date: \_\_\_\_\_

Approved

Not Approved