

**XAVIER UNIVERSITY**  
**EMPLOYEE EMERGENCY FUND REQUEST FORM**

Email completed form to [emergencyfunds@xavier.edu](mailto:emergencyfunds@xavier.edu) or submit to the Office of Human Resources.

<b>Applicant Name</b> Last                                      First                                      MI	<b>Amount Requested</b> \$
<b>Banner ID</b>	<b>Length of Service</b> Years/ Months
<b>Job Title</b>	<b>Department</b>
<b>Work Phone</b>	<b>Primary Phone</b>
<p><b>Describe your reason for applying for emergency funding and what steps you have taken to find other resources to address the matter. To help the committee, please <u>provide documentation that justifies the amount requested, such as medical bills, construction estimates, etc.</u> Attach separate sheet(s), if necessary:</b></p>          	
<b>When are the funds needed?</b>	
<p><b>For the purpose of obtaining emergency funding and understanding that any funds granted are NOT exempt from tax withholding, the undersigned warrants the truth and accuracy of the foregoing information.</b></p> <p><i>**Awarded funds are considered taxable income and tax withholding is required. The total amount will be included as income on the fund recipient's W-2.</i></p>	
_____ <b>Applicant's Signature</b>	_____ <b>Date</b>
***** For Emergency Fund Review Committee Use Only *****	
Request case number:	
Reviewed by:	On date:
Committee recommendation:	
If applicable, amount of awarded funds: \$	