XAVIER UNIVERSITY

EMPLOYEE EMERGENCY FUND REQUEST FORM

Email completed form to emergencyfunds@xavier.edu or submit to the Office of Human Resources.

Banner ID Length of Service Years/ Months Job Title Department 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 provide documentation that justifies the amount requested, such as medical bills, construction estimates, etc. Attach separate sheet(s), if necessary: When are the funds needed? 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. *'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. Applicant's Signature Date Request case number: Reviewed by: On date: Committee recommendation: If applicable, amount of awarded funds: \$	Applicant Name			Amount Requested	
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