UTA Office of Talent, Culture, and Engagement

TCE-EEF-01
1225 W. Mitchell St., Ste. 212 Arlington, TX 76019
T 817-272-5554 F 817-272-3361 uta.edu/hr

Employee Emergency Fund Application

Overview

The Employee Emergency Fund (EEF) provides financial assistance when employees are unable to meet immediate, essential expenses because of a temporary financial hardship (hardship.)

A hardship is an emergency event, *not* a pre-existing financial concern.

Examples of hardship include (but are not limited to):

- Death of a family or household member
- Serious illness or injury
- Loss of livable housing due to structural damages caused by fire or natural disaster
- Significant loss of household income affecting an employee's ability to pay for basic needs
- Medical expenses resulting from an accident

Eligibility

Employees must meet the following criteria to apply:

- Have a hardship due to an emergency
- Be an active employee in a non-student role
- Have full- or part-time benefits-eligible, continuous employment for at least 6 months prior to the application date
- Have a gross income of less than $50,000 for an individual or $100,000 or less for a couple filing jointly

Funding

- The maximum award amount per employee per calendar year is $500.
- Funds are counted as supplemental pay and subject to federal taxes.

How to Apply

Electronic Option

1. Complete the form electronically in Adobe Acrobat and sign using a digital signature.
2. Attach the form to an email and include copies of all bills related to the emergency that caused the hardship.
3. Email the form and attachments to compensation@uta.edu.

Print Option

1. Print the form. Complete and sign it by hand.
2. Include copies of all bills related to the emergency that caused the hardship.
3. Mail or deliver the form to:

   Office of Talent, Culture and Engagement
   ATTN: EEF Committee
   1225 W. Mitchell St, Suite 213, Box 19176
   Arlington, Texas 76019

▶ *Contact compensation@uta.edu with questions.*

Review Process

- The EEF Committee may request additional or missing documentation during the application process. Missing documentation may delay funding approval.
- Applicants will be notified in writing of the EEF Committee's decision. The EEF Committee typically provides decisions within (7) working days after receiving the application and all required documentation.
- All personally identifying information will be removed before the application is forwarded to the EEF Committee. Completed application materials will be retained electronically.
- Approved funding will be paid on or by the next regular paycheck.

Application

Employee Information

Name _____ UTA ID _____

Department _____ Approximate Length of UTA Service _____

Benefits Eligible ◯ Part Time ◯ Full Time Email _____

Address _____

Phone _____ Is it OK to leave a message? ◯ Yes ◯ No

Application Questions

Please indicate the item(s) for which you are requesting assistance. ▶ *Check all that apply.*

☐ Utilities, and other bills required for normal living expenses

☐ Replacement of essential personal items due to a fire, natural disaster, or theft

☐ Funds for immediate emergency shelter

☐ Food/Groceries

☐ Other _____

How much funding are you requesting? _____ ▶*The max. award amount per calendar year is $500.*

Is this the first time that you have applied for the EEF? ◯ Yes ◯ No

If you previously applied, were you awarded funds from the EEF? ◯ Yes ◯ No

If YES: Date _____ Amount _____

Please provide a detailed description of what the funds will be used for.

Please provide a brief description of the emergency event causing temporary financial hardship.

What actions have you taken to help manage the emergency event and its impact?

Supporting Documentation

Supporting documentation must be provided with the application. This may include but is not limited to:

- Documentation of the crisis situation
- Photos
- A doctor's note
- An insurance claim
- Bills or invoices for payments to be made
- Proof of loss of employment or reduction in income
- Proof of spouse income if filing jointly

Certification

- I certify that the information provided on this application is complete and accurate.
- I certify that my financial hardship is genuine.
- I certify that all supporting documents that I provide are valid and accurate.
- I understand that money received from the EEF is taxable income.
- I will apply all money received from the EEF toward debts related to the hardship.
- I understand that my application will not be considered if it is found to contain misleading information.

Signature _____ Date _____