

Application for Employee Contribution Fund Assistance

Employee Information
(To be Completed by Employee or Employee's Supervisor)

Full Name: _____ Hire Date: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City State Zip Code

Phone: _____ Email: _____

Person #: _____ Supervisor: _____

Please explain, in detail, why financial assistance is needed (additional documentation can be attached):

By checking this box, I acknowledge that I understand that if I provide false information in connection with my request for financial assistance, I can be subject to corrective action up to and including discharge in accordance with UPMC's Corrective Action and Discharge Policy (HSHR0704).

Employee Signature: _____ Date: _____

Printed Name: _____

Upon completion, please submitted to Employee Contribution Fund Committee or Foundation.

Applicant Name: _____

**E.C.F. Committee Review
(To be Completed by Employee Contribution Fund Committee)**

Recommendation of Committee: Approve Deny

If approved, recommended amount of grant: _____

Fund recipient (if other than applicant): _____

E.C.F. Committee, President: _____ Date: _____

E.C.F. Committee, Secretary: _____ Date: _____

**Foundation Review
(To be Completed by Foundation)**

Final Decision: Approve Deny

If approved, recommended amount of grant: _____

Director of Foundation: _____ Date: _____