



Staff Emergency Fund Application and Guidelines

The Staff Emergency Fund (SEF) provides limited financial assistance when you are unable to meet immediate, essential expenses because of a temporary emergency.

Fund Eligibility

- All active, benefit eligible, non-faculty University staff member for a least a year.
- Not have received an SEF grant within the past two years.
- Assistance is limited to a maximum of \$500 per SEF grant approval.
- Have considered other possible resources (e.g. catastrophic leave or IDL through HR).
- Have a **temporary financial emergency** caused by a defined, time-limited, specific event**
 - ❖ injury or illness
 - ❖ Household emergency (e.g. food, gas, etc.)
 - ❖ other emergency

Emergency funding is not guaranteed and is based on demonstrated need, short-term nature of the financial emergency, committee approval and available funds.

***Given the limited amount of funds, all requests cannot be approved even though there may be a clear need for assistance. This fund may be insufficient in the case of widespread disasters, community crisis, or war/terrorism.*

Application Procedure

You may submit your application via email to staffemergencyfund@csusb.edu or in person/intercampus mail to UH-352. (Be sure to sign and date the form to confirm that the information is valid and accurate.) All applications will be treated as confidential and will be reviewed by the SEF committee. *Application will be retained securely in a shared drive accessible by SEF committee members for a period of 5 years. After 5 years all applications will be destroyed along with any supporting documentation.*

Be sure to include as much detail as possible when completing the application and provide supporting documentation of the financial emergency.

- Suggested documentation may include but is not limited to:
 - ❖ copy of invoice/bill/receipt
 - ❖ letter from a doctor on letterhead
 - ❖ police or fire report
 - ❖ any other information the applicant feels may be necessary to thoroughly evaluate the request

For any additional questions, please email staffemergencyfund@csusb.edu .

In almost all situations, you will be notified by the Staff Emergency Fund Committee of approval or denial within 14 business days after the application is received by the committee. The SEF committee may contact you for additional information, which may delay approval/denial.

If an application is funded, the employee will be contacted when a check is available for pickup. A valid picture ID will be required at the time of pickup. (Mailing options are available upon request)

Contribute & Pay it forward

In order to continue assisting staff members in the future, consider paying it forward. A minimum \$5 payroll deduction can be setup to accomplish this.

If you are interested in donating to the Staff Emergency Staff Fund (SEF) please go to the [University Advancement](https://www.csusb.edu/advancement/philanthropic-foundation/directing-your-gift) website <https://www.csusb.edu/advancement/philanthropic-foundation/directing-your-gift> for details on donating. Gifts can be directed specifically to the CSUSB Employee Emergency Fund (P2304-P201327). Colleagues also have the option for payroll deductions ([Payroll Deduction Authorization Form](#)). Contact information is available on the website if there are additional questions. Cash, check, credit card donations and more are accepted.



Staff Emergency Fund Application

Employee Information

Employee Name _____

Department _____

Employed at CSUSB for at least a year Yes No Date of Hire _____

Information required, in the event funds are awarded

Home Street Address _____

City _____ Zip _____ Home/Cell Phone _____

CSUSB Email Address _____ Alternate Phone _____

Employment Information - Check all that apply

- Currently an active, benefits-eligible, non-faculty, University staff employee
- Have not received payment from the Staff Emergency Fund within the past two years
- Currently on leave of absence

Details of Temporary Emergency

What is your most urgent need? (BE SPECIFIC) _____

Describe the **TEMPORARY EMERGENCY** that is the basis for this application. Attach and explain additional documentation, if needed. (*Suggested documents listed on page 1*)

Amount Requesting: _____

Check disbursement (**CIRCLE ONE**): Pick up w/valid ID Mail to address listed

I certify that the information provided in the application is complete and accurate and that my financial hardship is genuine. I certify that all supporting documents that I provide are valid and accurate. I will apply all money received toward debts related to my emergency. I certify that I have read and understand the Staff Emergency Fund Guidelines and information provided may be verified. Any information provided is voluntary, and the applicant releases the information for review by the SEF Committee. I understand that all decisions rendered by the SEF Committee are final.

Employee Signature _____ Date _____