

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 hardship related to an emergency situation.

There is no repayment required, however in order to continue assisting staff members in the future, we encourage staff to consider contributing back to fund. A minimum \$5 payroll deduction can be setup to accomplish this. The Staff Emergency Fund is made possible by the support of university employees and the efforts of the Staff Advisory Council.

Fund Eligibility

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

**Active members of the University Staff Council will not be eligible to receive assistance from the SEF.*

Emergency funding is not guaranteed and is based on demonstrated need, short-term nature of the financial hardship, 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 CE 243. (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 a committee of no more than four Staff Council members.

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

- Suggested documentation may include but is not limited to:
 - ❖ death certificate
 - ❖ copy of invoice/bill/receipt
 - ❖ letter from a doctor on letterhead
 - ❖ police or fire report
 - ❖ or 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 10 business days after the application is received via email. Applicants may be contacted by the SEF committee 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)

How to Contribute

If you are interested in donating to the Staff Emergency Staff Fund (SEF) please go to the University Advancement 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.

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Employee Information

Employee Name _____ Coyote ID _____

Department _____

College/Division _____

Campus _____ Length of CSUSB Service _____

Home Street Address _____

City _____ Zip _____ Home/Cell Phone _____

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 unpaid leave

Details of Temporary Hardship

What is the expected length of time for this hardship? _____

Have you missed time from work due to this hardship? Yes No

If yes, how much? _____

What is your most urgent bill/need? _____

Describe the **TEMPORARY HARDSHIP** that is the basis for this application. Attach additional pages if needed.

Amount Requesting: _____ Check disbursement: Pick up w/valid ID Mail to address listed

Describe the supporting documentation being attached. (Suggested documents listed on page 1.)

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 hardship. 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 _____