



**STAFF HELPING STAFF  
Financial Hardship Assistance Fund**

**Due Date: The 15<sup>th</sup> of every month**

**Criteria:**

- Fund is open for all ASU Benefits-eligible employees.
- Employees must be employed in a staff position with ASU for a minimum of one year.
- Applicant has not received funds from Staff Helping Staff two years prior to current application.
- Some examples of financial hardship include hospitalization, serious illness, loss of transportation to work, death of an immediate family member, domestic violence.
- Events not covered by this fund include chronic debt or sustained financial short-falls, legal fees, any event related to illegal activity committed by the staff member or dependents.

**Submission Requirements:**

1. Completed application with all income and monthly expenses provided.
2. Summary statement explaining to the committee the unforeseen event and/or unexpected financial hardship and what contributed to the present need (please type or print legibly on a separate 8 ½ X 11 piece of paper).
3. Copy of bill /statement/invoice requesting to be paid (please be sure the total payment amounts, vendor contact information, and account number(s) are accurate and visible).
4. Any supporting documentation to verify proof of your hardship and/or need for funding (e.g. FMLA paperwork, doctor's note, obituary, etc.).

Personal Data: *(All information will remain confidential. All personal information will be redacted prior to submission to the committee for review of the application)*

Name \_\_\_\_\_ Date \_\_\_\_\_

ASU ID # \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_

Email \_\_\_\_\_

Mobile Phone \_\_\_\_\_

Hire Date \_\_\_\_\_

**Monthly Household Income:**

**GROSS** (BEFORE TAXES): \_\_\_\_\_

**NET** (TAKE HOME PAY): \_\_\_\_\_

**What are you requesting to be paid?**

Type of debt	Creditor(payable to)	Bill amount	Payment due date

**Total amount to be requested:** \_\_\_\_\_

**Monthly Expenses:** Please complete this to the best of your ability.

Monthly Expenses	Estimated Monthly Payments	Amount Currently Overdue	Total Due
Mortgage/Rent			
Utilities			
Automotive			
Credit Card/s			
Food and Household Necessities			
Childcare/Elder Care			
Entertainment			
Educational			

**Application Submission:**

Completed applications should be submitted to the Staff Helping Staff/Employee Assistance Office in the following ways:

Fax: 480-727-7775

Email available upon request. Please call (480) 965-2271.

**Inter Campus Mail:**

Staff Helping Staff/Employee Assistance Office, MC 5705

**Hand Deliver:**

Employee Assistance Office/Staff Helping Staff (office hours 9am - 5pm):

University Towers, Suite 101  
525 S Forest Ave  
Tempe, AZ 87287-5705

US Mail:

Employee Assistance/SHS  
P.O. Box 875705  
Tempe, AZ 82587-5705

Your signature below signifies that:

1. All information provided by me is truthful.
2. I understand the application process.
3. I release the ASU Staff Council and persons administering the program from liability or harm.
4. I know that my application will be denied if all required information is not provided.
5. The Employee Assistance Office and the ASU Staff Council Scholarship & Fundraising Committee have my permission to verify information within my application.
6. I allow the Employee Assistance Office and the ASU Staff Council Scholarship & Fundraising Committee to remit payment(s) on my behalf for the approved bill.

Applicant Signature \_\_\_\_\_  
Date \_\_\_\_\_

To protect personal information received, any and all staff involved in the process of awarding funds in this program shall comply with all University Rules and Policies and Procedures as outlined in the University's Policies and Privacy Statement.  
Approved: 1/28/2022

## Staff Helping Staff - Next Steps

Applications are due to the Employee Assistance Office by the **15<sup>th</sup>** of each month. The committee will make every attempt to convene within a week of this due date to review applications. The Employee Assistance Office will notify all applicants, after committee review, on the status of their application, generally within a week following the 15th of the month.

The ASU Staff Council Staff Helping Staff Fund (SHS) was established to help ASU Staff needing financial assistance in the event of an unexpected hardship. The amount of funds available to distribute can vary and is limited. Therefore, the total amount given is at the discretion of the review committee. Not all requests will be funded or funded in full.

\*Please note that our Staff Helping Staff Fund will not pay the employee directly. This fund is designed to help pay a bill on your behalf. By way of example, if you ask for funds to assist with car repairs, the payment will be made payable to the company that fixes the car, not to the employee. If necessary at the time of award, more information may be requested. **It will be the responsibility of the employee to obtain a W-9 form from the company in order to generate payment.**