

EMPLOYEE ASSISTANCE FUND APPLICATION

Name: _____ Contact Phone: _____

Email: _____ PSU ID#: _____

Describe what assistance has been sought outside PSU for this request:

Describe justification for this request (attach letter, if necessary):

Amount Requested: _____ NOTE: You must submit documentation to support your request (credit card statements will not be accepted)

Signature Date

As required under the tax law, awards will be treated as University compensation subject to applicable employee tax withholding.

HR USE ONLY

Number of Previous Requests: _____ Amount Received: _____

Approved: Yes No Amount Approved: _____

Reason for Denial: _____

SRFC Number: _____ Amount Charged to Fund: _____