



COMMUNITY ACTION, INCORPORATED

OF CENTRAL TEXAS

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www.communityaction.com

Employee Assistance Program Request Form

Name: _____ Social Security No. _____

Address: _____

City, State, Zip Code: _____

Amount Requested: (not to exceed \$250) _____ Date of Hire _____

As an Employee with CAI, I hereby apply for the Employee Assistance Program. I confirm that the reason is:

- Medical expense incurred by me, my spouse or dependents
- Preventing foreclosure on my principal residence or eviction from my principal residence
- Burial and/or Funeral Expenses for employee's deceased parent, spouse, children or dependents
- Utility Bills (water, gas, electric)

I understand that I must now demonstrate that I have no other resources available to me to meet this hardship. I can do this by meeting the criteria set forth below.

I agree that in order to receive the Employee Assistance Program payment requested above:

1. I confirm that I have exhausted the following resources: *(Place an "X" if previously received; NA if Not Applicable)*
 ____ Annual Leave Hardship ____ 401k Hardship ____ CAI Utility Assistance
2. The payment will not be in excess of the immediate financial need or in excess of the \$250.00 maximum;
3. My status is either Regular Full-Time or Regular Part-Time and I have been an employee with Community Action for a minimum of 1 year;
4. I will not be able to make any additional Employee Assistance Program withdrawal requests for 12 months after I receive an assistance payment;
5. I understand that the Agency will consider my request within 2 business days upon the receipt of my request along with all supporting documentation, and I agree to provide any additional information, which the Agency may require;
6. I understand my request is subject to the availability of funds.

Employee Signature: _____ Date: _____

HR Director: _____ Date: _____

Executive Director: _____ Date: _____

For Office Use Only:

Approved Date: _____ Rate of Pay: _____

Date of Assistance Payment: _____ Maximum Allowed: _____

Denial Date and Reason for Denial: _____ Amount Issued: _____