



COMMUNITY ACTION, INCORPORATED
OF CENTRAL TEXAS
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Annual Leave Hardship Request Form

Name: _____ Social Security No. _____

Address: _____

City, State, Zip Code: _____

Amount Requested: _____

As an Employee with CAI, I hereby apply for a hardship withdrawal against my current annual leave balance. I confirm that the reason for the hardship is:

- Medical expense incurred by me, my spouse or dependents
- Purchasing my principal residence
- Paying tuition for the next semester of post-secondary education for me, my spouse or dependents
- Preventing foreclosures on my principal residence or eviction from my principal residence
- Burial and/or Funeral Expenses for employee's deceased parent, spouse, children or dependents

Having designated the reason for requesting a hardship distribution by checking one or more of the options above, 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 hardship payment requested above:

1. The payment will not be in excess of the immediate financial need;
2. I will not be able to make any additional withdrawal requests for the remainder of the calendar year after I receive a hardship distribution; and
3. 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.
4. I will provide a copy of the bill/invoice as back-up for the amount I am requesting.

Employee Signature: _____ **Date:** _____

HR Director: _____ **Date:** _____

Executive Director: _____ **Date:** _____

For Office Use Only:

Approved Date: _____ Rate of Pay: _____

Date of Hardship Payment: _____ Maximum Allowed: _____

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