



**Employee Emergency Aid & Resource Committee**

\_\_\_\_\_  
Employee Name

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

\_\_\_\_\_  
Company Where Employee Works

\_\_\_\_\_  
Supervisor's Name

\_\_\_\_\_  
Individual Making Request (if not employee)

\_\_\_\_\_  
Name of General Manager or President

**Instructions:**

The Employee Emergency Aid & Resource Committee has resources available for the possibility of helping employees with an emergency or crisis situation. We ask that the employee, or the fellow employee submitting this request, assess the need and fill out this form.

1. Is this a "real" emergency need?
2. Will this make a lasting impact on the employee's life?
3. Do you feel this request is something the committee should consider?

Explain the need and assistance requested:

1. Does the individual have any existing resources?

2. Can the individual's family help?

3. Are there any other resources available to the individual?

\_\_\_\_\_  
Requesting Employee

\_\_\_\_\_  
Date

\_\_\_\_\_  
Employee Requesting on Behalf of Another

\_\_\_\_\_  
Date

\_\_\_\_\_  
Email Address

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Email Address

\_\_\_\_\_  
Phone

**Please send this form to Jay Francis at [jfrancis@lhm.com](mailto:jfrancis@lhm.com). In most cases requests will be reviewed within 24 hours.**