Employee Hardship Fund Request Form

Please visit aub.ie/hardshipfund for additional information about the Employee Hardship Fund. Call AU Human Resources at (334) 844-4145 or email univhr@auburn.edu if you have questions.

Applicant Information

Date*: ________________
Employee Last Name*: ____________________
Employee First Name*: ____________________
Employee Email Address*: _________________________
Employee Banner ID Number (begins with 90)*: _________________________
Hire Date*: _________________________
Department Name*: _________________________
Work Phone Number*: _________________________
Alternative Phone Number*: _________________________

Request Information

What was/is the specific hardship event(s)? IMPORTANT: If the event(s) involved someone other than yourself, please include that in your answer, including how the individual(s) is related to you. If you need additional space, please attach a separate sheet, and be sure to include your name on the top of the additional page.

_________________________________________________________________________________
_________________________________________________________________________________
_________________________________________________________________________________
_________________________________________________________________________________
_________________________________________________________________________________
_________________________________________________________________________________
Thoroughly describe why you need assistance, focusing on the event(s) you mentioned in the previous question. If you need additional space, please attach a separate sheet, and be sure to include your name on the top of the additional page.

_________________________________________________________________________________
_________________________________________________________________________________
_________________________________________________________________________________
_________________________________________________________________________________
_________________________________________________________________________________
_________________________________________________________________________________
_________________________________________________________________________________

How much assistance are you requesting? (Please submit a specific dollar amount.)

$________________

Have you received assistance from the Hardship Fund in the past?
Yes___ No____

If you answered yes to the previous question, please explain when and why.
_________________________________________________________________________________
_________________________________________________________________________________
_________________________________________________________________________________
_________________________________________________________________________________
_________________________________________________________________________________
_________________________________________________________________________________

Supporting Documentation

Please upload any relevant documentation to your request. This documentation should support the amount that you are requesting. Documentation may include but is not limited to:

• Certification of medical condition
• Certified death certificate
• Obituary
• Medical bill(s)
• Insurance claims
• Police reports
• Expense receipts
• Foreclosure or eviction notices.

Refer to the Auburn University Hardship Policy for further information.