Employee Hardship Fund Request Form

Visit aub.ie/hardshipfund for additional information about the Employee Hardship Fund.

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

Please describe the reason(s) for your request. (If you need additional space, please attach a separate sheet, and be sure to include your name on the top of the additional page.)

_________________________________________________________________
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_________________________________________________________________
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.
_________________________________________________________________
_________________________________________________________________
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Relevant Documentation
You should also include copies of any relevant documentation to your request. Examples may include but are not limited to:
- Certification of medical condition
- Certified death certificate
- Obituary
- Medical bill(s)
- Insurance claims
- Police reports
- Expense receipts
- Foreclosure or eviction notices

Submitting Information
You should email the completed form and any relevant documentation to univhr@auburn.edu. You can also mail or deliver it to Auburn University Human Resources (c/o Hardship Fund), 1550 E. Glenn Ave., Auburn, AL 36849.

Please email univhr@auburn.edu or call 334-844-4145 if you have questions.