



## Helping Hands Fund



It is the policy of the organization to confidentially consider providing financial assistance to staff members facing unexpected emergencies when they have exhausted other resources. The organization earmarks up to \$5,000.00 to have available for such use at any given point in time.

**Guidelines are:**

1. The financial situation has to be for the direct benefit of the employee or dependent children.
2. Corroboration of the need may be requested.
3. Approval for use of Helping Hands funds may be contingent on disbursement directly to an applicable third party, such as a utility, landlord, etc.
4. Employees must be full time, in good standing to be considered.
5. Accrued benefit time must be used 1<sup>st</sup>, if available.
6. Other sources should be exhausted before Helping Hands funds are used, including 401(k) loans and other personal/individual resources.
7. Repayment of Helping Hands funds may occur directly each week or may be made via payroll deduction, at a minimum of \$25.00.
8. Repayment should start within two weeks of disbursement.
9. Maximum amount will usually not exceed \$1,000.00.
10. If repayments are not made according to established schedule, the employee authorizes that remaining debt be taken from their last paycheck (s).
11. The fund is administered confidentially, and exclusively by the President/CEO, with the only exception when repayment via payroll deduction is authorized/requested.

**Helping Hands Request – to be completed by the employee**

**1. Employee Name:**

**2. Reason for Request:**

**3. Amount Requested: \$**

**4. What other resources have you considered / attempted?**

- Accrued Personal / Vacation Time**     **401(k) Plan Loan**  
 **Other sources (list):**

**5. Pay Back Request:**    \$ \_\_\_\_\_ **per week to start on:** \_\_\_\_\_  
 **Payroll Deduction**         **Direct to CEO's Office**

**Signature of Employee:**

**Helping Hands Fund Worksheet (to be completed by CEO)**

1. Is the financial assistance for the direct benefit of the employee or dependent children?	
2. If corroboration of the need was requested, was it provided?	
3. Is the employee full time, in good standing?	
4. Has available accrued benefit time been used 1 <sup>st</sup> ?	
5. Have other sources been exhausted, including 401(k) loans and other personal/individual resources?	
Other notes:	
Decision:	

**Employee Affirmation of Approval and Commitment to Repay**

I am borrowing \$ \_\_\_\_\_ from the Helping Hands fund. I promise to pay this amount back to the Helping Hands fund, as follows:  
\$ \_\_\_\_\_ per week, starting on \_\_\_\_\_.

This payment will continue until the full amount borrowed is repaid to the Helping Hands Fund. No interest will be due on the amount.

IF I should stop repaying the Helping Hands Fund according to the above schedule, I authorize the employer to withhold from my paychecks or any other funds due me, including but not limited to any final wages or any paid time off wages due to me, until my outstanding balance is paid in full.

Signature of Employee: \_\_\_\_\_ Date: \_\_\_\_\_

William J. Bogdanovich: \_\_\_\_\_ Date: \_\_\_\_\_  
President/CEO & Administrator of the Fund