**FOUNDERS FOUNDATION - EMPLOYEE RELIEF FUND NOMINATION**

Return completed form to Human Resources, Attn: Founders Foundation - Employee Relief Fund.

**CONFIDENTIAL** - This form is for office and statistical purposes only and may not be disclosed except with specific written consent. Confidential information will only be disclosed without written consent if you reveal the potential of physical harm to yourself or someone else OR IN THE EVENT OF FRAUD. I understand that a copy of my application will be retained for FOUNDERS FOUNDATION records.

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Submitter (If Applicable) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

FGI Hire Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work Location: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Have you previously completed an application for the Employee Assistance through Founders Foundation: Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I hereby certify that the above information and all information presented regarding my request for assistance is correct. I have read the Founders Foundation eligibility guidelines and I agree that the Human Resources department shall have the right to obtain information regarding my employment status and work performance from my manager and that the Founders Foundation Committee will review my application for the purpose of determining eligibility for assistance. I understand that any deliberate misrepresentation or withholding of facts will be considered fraudulent and will be grounds for disqualification.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

SIGNATURE DATE:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PRINTED NAME

**FOUNDERS FOUNDATION – EMPLOYEE RELIEF FUND**

Examples of Necessary Documentation:

In addition to the application for assistance, employees requesting assistance from the Founders Foundation must submit documentation of need for the assistance. Such documentation may include the following:

A. With respect to a natural disaster where the request is for immediate relief including goods or items:

* Accident report
* Police or fire report
* Estimates of property damage and repair costs
* List of specific items needed

B. In the event of financial hardship:

* Medical bills, co-payments, and deductibles
* Death certificate
* Documentation of Monthly Income and Expenses

Please note that if the assistance requested is relief aid in nature, such as equipment or supplies necessary following a disaster (e.g., blankets, clothing, temporary shelter, counseling services, etc.), documentation of financial need such as monthly income and expenses would not be necessary.