PRIDE DAY / EMPLOYEE FUND

Request for Assistance Form

EMPLOYEE INFORMATION

Name of Employee Needing Assistance:

Job Title: Work Location:

Home Address:

City: Zip: Home Phone:

PAYEE INFORMATION

Make Check Payable To:

Mail Payment To: Home ☐ Work Location ☐ Other ☐

Attention:_____ Specify:_____

REQUEST JUSTIFICATION

Why is assistance needed?

REQUEST SUBMITTED BY

Name of Employee Submitting Request: Work #:

REQUIRED VERIFICATION

☐ Information justifying request has been verified by Facility Head/Unit Head/District Supervisor

Name of Facility Head/Unit Head/District Supervisor:

Signature of Facility Head/Unit Head/District Supervisor: Date:

,

Previous Pride Disbursement During Past 12 Months? ☐ Yes _____ $_____ ☐ No

(Date) Amount

Committee's Recommendation: Approved ☐ Approved for Partial Disbursement ☐ Disapproved ☐

Amount Approved for Disbursement:

Reason for Disapproval:

Signature/Date	Signature/Date	Signature/Date
Chief Administrator of Employee Services	Executive Assistant to the Director	DOC Employee Representative

Check #: Date of Disbursement: