



SACRAMENTO STATE

Staff & Faculty Emergency Fund (SFEF)ⁱ Application

Please complete thoroughly and attach all supporting documentation.

Employee Name	Employee ID	Department
Mailing Address	City, State & Zip Code	Contact Phone Number
Sacramento State Email Address		Alternate Phone Number
Cause of Temporary Emergency		
<input type="checkbox"/> Death of an immediate family member		
<input type="checkbox"/> Disaster (fire/flood/earthquake/COVID-19, or other Qualified Disasters per IRS Code Section 139)		
<input type="checkbox"/> Serious illness or critical injury		
<input type="checkbox"/> Other:		
Reason for Request – Check all that apply		
<input type="checkbox"/> Emergency temporary housing assistance		
<input type="checkbox"/> Unexpected medical expenses not covered by insurance		
<input type="checkbox"/> Unplanned critical travel and transportation costs		
<input type="checkbox"/> Temporary assistance with food insecurity		
<input type="checkbox"/> Emergency personal or “incidental” expenses, such as clothing, hygiene items, etc.		
<input type="checkbox"/> Unplanned or additional child and/or adult care expenses		
<input type="checkbox"/> Other:		
Describe your TEMPORARY EMERGENCY in detail. How did the “Cause of the Temporary Emergency” create a financial hardship? When did it occur?		
Amount Requested (MAX: \$1,000; Must provide documentation to justify amount requested)		
\$		
Certification		
I certify that the information provided in this application and supporting documents is accurate, my financial hardship is genuine, and that I have not previously been reimbursed for claimed expenses. I understand any money received is a one-time award and may be reported as taxable income. I will apply all money received toward debts related to my temporary emergency. I certify that I have read the SFEF guidelines and understand information from my application and supporting documents will be reviewed by the SFEF Committee for consideration. I understand completion of this application does not guarantee funding and that if needed, I will address any concerns or questions related to my request. Furthermore, I understand that all decisions rendered by the SFEF Committee are final.		
Employee Signature	Date	

Mail **original** paper applications and copies of supporting documents to:

OFFICE OF HUMAN RESOURCES
6000 J Street
Del Norte Hall, 3001E, Zip 6032
Sacramento, CA 95819-6032

ⁱ Eligibility: active, benefit-eligible, staff, faculty or Management Personnel Plan (MPP) position; and at least one year of continuous employment; and annual base salary that is less than \$87,000