Employee Hardship Assistance Policy

**Functional Area:** Human Resources

**Applies To:** All Faculty and Staff

**Policy Reference(s):** N/A

**Number:** TBD

**Date Issued:** March 4, 2013

**Page(s):** 6

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**Responsible Person**

The Director of Human Resources is responsible for maintenance of this policy, and for responding to questions posed regarding this policy.

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**Purpose / Rationale**

To establish an employee emergency assistance program for employees who experience hardships.

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**Definitions (for purposes of this Policy)**

**Types of Employment:**

Regular – Employment positions lasting for a continuous period that exceeds six calendar months. Regular positions with a work commitment of thirty hours per week or greater are benefits eligible.

Regular/limited term – Employment positions lasting for a continuous period that exceeds six calendar months and are intended to have a limited term not to exceed three years. Regular/limited term positions with a work commitment of thirty hours per week or greater are benefits eligible.

Temporary – Employment lasting less than six continuous months. Employment can be extended up to an additional six months if needed. This category includes student employees.

**Immediate Family Member** – An employee’s spouse, domestic partner (see below), child, or parent. The term “child” does not include individuals age 18 or over unless they are incapable of self-care because of a mental or physical disability. The term "parent" does not include a parent "in-law."

**Domestic Partner** – Couples who live together but who are not married. Domestic partners can be same-gender or heterosexual.
The Armstrong Atlantic State University Hardship Fund (the “Fund”) has been established to provide financial assistance to Armstrong employees who experience a financial hardship due to an emergency situation.

The Fund shall be funded by voluntary charitable donations provided by employees and any entities or individuals who want to assist Armstrong employees facing unexpected financial challenges.

**GENERAL PROVISIONS**

**Employee Eligibility for Financial Assistance**

To be eligible to receive an award from the Fund, an employee must be classified as regular or regular/limited term, and must have a work commitment of thirty hours per week or greater. Persons who are not eligible to participate include temporary employees, those employees who do not receive benefits, students, and employees of contractors.

**Qualifying Event**

The Fund is intended to assist employees who have experienced an emergency situation that has caused a temporary financial hardship. This event must be caused by a sudden and unexpected occurrence, or combination of occurrences, which causes a pressing financial need for an employee. The event must be wholly unforeseen by the employee and beyond the employee’s control. Events that impact a family member of an employee, with only an indirect effect on the employee, do not qualify for awards from the Fund.

Examples of events that will be considered as qualifying for assistance from the Fund include, but are not limited to, the following: (1) uninsured medical expenses caused by the employee’s severe illness or accident; (2) uninsured expenses incurred for the medical care of, or caused by the death of an employee’s immediate family member; or (3) uninsured losses for damage to an employee’s primary residence caused by fire, crime, flood or other disasters.

The goal of the Fund is to help employees who were not experiencing financial distress before the emergency to regain financial stability within a relatively short period of time. Awards are not intended to reimburse for the cost of non-essential, luxury or decorative items, or intended to place the recipient in the same economic position as prior to the emergency. Longstanding financial problems not related to a specific event do not meet the criteria of the Fund.

Financial assistance from the Fund will be measured solely by need or distress and not related to services rendered. Any benefit to the University from such financial assistance should be, at most, incidental and tenuous.
Recipient Regulations

• All awards are subject to the availability of funds and extent of need. Because the Fund is supported by donations, there is no guarantee that there will be available funds at a given time.

• The financial assistance awarded may not exceed the following monetary limits:
  - No more than $500 may be awarded to any employee during any 12-month period.
  - No more than $800 may be awarded to any employee during his/her lifetime.

• Financial assistance will be limited to one recipient per household.

• No award shall be given if the fund balance is less than $1,000.

• After an employee receives notification of an award, the employee must wait 6 months before applying for additional assistance. The employee may not resubmit an application that was previously denied.

Fund Review Committee

The Fund Review Committee will be responsible for the management of this fund. Members of the Committee will serve on a rotating basis as determined by the appropriate shared governance body. This Committee will consist of four members:

• One staff member designated by Staff Advisory Council;

• One faculty member designated by Faculty Senate;

• One community member designated by the Director of Human Resources; and

• The Director of Human Resources (non-voting).

The Committee shall meet within two business days after receipt of an application. Awards will be approved by a majority vote of the committee. All financial assistance will be distributed in compliance with Armstrong’s non-discrimination policy.

Any member of the Committee who has a conflict of interest due to family, personal or business associations shall refrain from discussing or voting on such matters. In the event that the Director of Human Resources becomes aware of a conflict of interest, the Director shall communicate this conflict to the member without violating the anonymity of the process, to the extent possible or practical.

Administration

The Committee, with the assistance of the Office of Human Resources, must maintain adequate records to show that payments further the Fund’s charitable purpose and that the persons served are needy or distressed in the manner described in this policy. The Committee’s records will be retained in the Human Resources Office. Generally, documentation will include:

• A complete description of the assistance provided;

• Costs associated with providing the assistance, if any;
• The objective criteria for disbursing financial assistance to each recipient;
• The name, address, and amount distributed to each recipient; and
• Any conflict of interest between a recipient and Committee members.

Related Procedures

DONATING TO THE FUND

• Any person or entity is eligible to donate to the Fund.
• The fund will be administered by the Armstrong Foundation.
• Employees may donate to the Fund by cash, check, online donation or via payroll deduction.
• Donations cannot be earmarked for specific individuals.
• All donations are tax deductible to the extent provided by law. Tax-benefit donation forms will be supplied to donors.

APPLYING TO THE FUND

• Applications must be completed and submitted to the Office of Human Resources. Employees must demonstrate that they are taking reasonable actions, and attempting to use prudence, in resolving their crises. An immediate family member of an eligible employee may apply on the employee’s behalf if the employee is unable to submit an application. All decisions made by the Committee will be based solely on the information submitted with the application.
• Each application must be accompanied by supporting documentation that demonstrates how the hardship has affected the applicant’s household finances. Recommended documentation includes the expenses of the applicant, the income available to the applicant, and evidence of insurance. Examples of documents are provided below:
  o Certification of medical condition
  o Death certificate
  o Obituary
  o Medical bills
  o Insurance claims
  o Police reports
  o Expense receipts
  o Foreclosure or eviction notice
  o Severance package or separation notice
• Approval of applications is subject to availability of funds, extent of need, and satisfactory completion of the application.
• Information provided by applicants will be treated as confidential and shared only with individuals directly involved in award administration and payment processing.

• The Committee may request additional information or documentation from an applicant before making a decision. Such requests will be communicated by the Director of Human Resources. The applicant will be given two weeks to provide the requested information or to explain why it cannot be provided. If the applicant does not respond to the request, the application will be deemed withdrawn.

• Because the Fund is limited, applicants should seek assistance from other sources before applying for Fund assistance. The Committee may recommend that the applicant seek assistance from other sources in lieu of assistance from the Fund, or in addition to it.

• The Director of Human Resources will communicate the Committee’s decision to the applicant.

• Payments will be made directly to the vendor(s) from which the applicant has acquired, or needs to acquire, goods or services. The Director of Human Resources will submit a payment request(s) to the Office of Advancement for approval. Once approved, the request will be forwarded to the Foundation Controller for payment. The Director of Human Resources will follow up on each payment request to ensure payment is processed timely.

• All decisions by the Fund Review Committee are final. No appeals process is available.
## APPLICANT INFORMATION

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<th>Name, last and first</th>
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<th>City, State, Zip</th>
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## APPLICANT REQUEST

I would like to request $________ in assistance due to an unexpected hardship.

How quickly would you like to receive the fund disbursement? ________          Today’s date: ________

I am an Armstrong employee who has experienced the following:

- Death in the family
- Unexpected expenses due to illness
- Uninsured losses caused by fire, crime, or other disaster
- Loss of family income
- Other

___ I understand that the University will take reasonable measures to protect my privacy. However, I understand that my anonymity cannot be guaranteed.

___ I understand that funds may not be available at this time, and that my application does not guarantee of approval of funds.

___ I have provided supporting documentation and agree to provide additional information that may be requested by the Fund Review Committee.

(Please initial the statements above and provide details on next page.)

**Applicant Signature:** ____________________________  **Date** ____________________________

Committee comments:

______ Approved  ________ Not Approved
Please provide any information to help the committee make a recommendation. Please note that you are not required to provide personal information that would prove embarrassing or cause added emotional stress. However, the better the committee understands the events that have occurred, the better they will be able to evaluate your request. This section should serve only to clarify your situation and support your application.

Will any of these expenses become covered by insurance? Please list coverage and deductibles.

Please attach documentation of any events for which it is available. This may include, but is not limited to:

- Certification of medical condition
- Death certificate
- Obituary
- Medical bills
- Insurance claims
- Police reports
- Expense receipts
- Foreclosure or eviction notice
- Severance package or separation notice