Employee Assistance Loan Application



The Employee Assistance Loan Fund exists to provide funds to an employee of Providence Northwest Washington, who has passed the probationary period and is in good standing, with financial help in an emergent financial situation. Actively employed persons may request a no-interest loan not to exceed \$500.00. The loan is to be paid back through payroll deduction at a minimum rate of \$50.00 per pay period. An employee may request only one loan at a time and may not initiate another for at least one year following completion of payback. Assistance for payment of credit card bills will not be allowed. There is a limitation of two loans per employee during their employment.

Documentation of bills and services that will be paid using the funds from the loan must accompany the loan application. If the Loan is approved the funds will appear on the employees next pay check, this can take up to two weeks depending on payroll processing. We will not be able to process an application that is incomplete.

NAME:	PHONE:	
MGR:	DEPT:	EXT:
REQUESTED LOAN AMOUNT: \$	_ DEDUCTION AMOUNT PER PAY	PERIOD: \$
REASON:		
Application is not complete if supporting documents are not received with this application.		
I agree to the payroll deduction amount noted abo the period of reimbursement there ceases to be an for the remaining balance. This remaining balance	n employer - employee relationship	o, I will be responsible
Submit your application and all supporting documer or fax to 425-258-7801.	nts to Human Resources, Lower Le	vel - Pacific Campus
Signature	Date	