



EMPLOYEE CRISIS FUND

APPLICATION

(rev. 3/2016)

Please PRINT all requested information (except signature line); and scan and send your completed application to: suggestions@4wheelparts.com , or deliver/mail it to Silvia Arias in the Compton HR Department.

Our Crisis Fund Committee meets monthly, and will consider your request within one month of when it was received. If approved, maximum assistance to any employee will be \$5,000 per year. Checks will be issued through Payroll, and will be grossed-up, to cover the costs of any taxes due.

SECTION 1: ABOUT YOU

EMPLOYEE'S NAME: _____

WORK LOCATION: _____

TELEPHONE #: (_____) _____ - _____

EMAIL ADDRESS: _____

JOB TITLE: _____

SUPERVISOR'S NAME: _____

\$ AMOUNT OF ASSISTANCE YOU ARE REQUESTING: \$ _____

SECTION 2: WHY YOU SHOULD RECEIVE ASSISTANCE

ESSAY: *DESCRIBE IN YOUR OWN WORDS THE REASONS WHY YOU NEED AND SHOULD RECEIVE CRISIS FUND ASSISTANCE (attach a separate page, and tell us in 300-500 words, double-spaced, why you are requesting this assistance)*

SECTION 3: SIGNATURE AND DATE

Employee Signature _____ Date: ____/____/____

TAP CRISIS FUND COMMITTEE USE ONLY

DATE CONSIDERED: _____

STATUS (check one): _____ APPROVED _____ NOT APPROVED

\$ AMOUNT APPROVED: \$ _____

If not approved, reason(s):
