**pe05844_pe05844_**

**Self Help Assistance Request**

Name: Employee ID #:

Contact information:

Phone: E-mail:

Amount Requested: \_\_$ \_\_\_\_ \*\*Note: Funds are available once a year (this is the anniversary date, when

(Depends upon contribution amt. $150 or $300 max per year assistance from the fund was last used by the contributor) please

refer to the policies and procedures for more detailed information.

**Check reason for request:**

**Medical Assistance**  **Vehicle Assistance**  **Heating Assistance**

**Food Assistance**  **Burial Assistance**  **Disaster Assistance**

**Explanation for Request**:

**\*\*Funds will not be issued until the request has been approved and all signatures have been obtained!**

**If your request is approved, please indicate where to send your funds:**

**Paper Check**, if so where:  White Earth Finance  Naytahwaush Constituents

**Direct Deposit** \*Deposits will not post until Friday, if request is submitted before 4:30 on the preceding Tuesday.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Employee’s Signature Date

**\*\*\*\*\*By signing this document, you are attesting that this is an actual emergency.**

**BOARD USE ONLY Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Amount approved:**  Full amount ($150.00)  Full amount ($300.00)  Other: $

$5.00 Contributions $10.00 Contributions reason:

1.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 2. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Board Member Board Member

3.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \*This request must have three (3) board member

Board Member signatures to be valid.

**DENIED (Reason for denial)**

Revised: 3/7/2022

Board Members: Dawn Miller, Laura Erickson, Megan Bakken, Carrie Kier, Kenneth Bakken,

Andrea Thompson, Stephanie Longfield, Shannon Heisler, Kimberly Neisen, Trista Ayers