

MONTGOMERY COUNTY PUBLIC SCHOOLS**SEIU/MCPS Emergency Assistance Program**

Department of Labor Relations
MONTGOMERY COUNTY PUBLIC SCHOOLS
Rockville, Maryland 20850

INSTRUCTIONS

Staff should complete this completed form to memberservices@seiu500.org along with required documentation.

To apply for assistance, the bill or notice must be in the employee's name and must be submitted to the fund within 30 days of the notice or bill. A copy of the bill or payment receipt must be attached with the submission. Employees must either be actively working, on paid leave, been covered by a sick leave grant within six months, even if on unpaid leave, and cannot be on administrative leave or unusual or imperative leave without pay.

For questions about this benefit, including your eligibility, you can contact memberservices@seiu500.org or call 301-740-7100. If you get an answering service, please leave a message with a good contact number.

SUPPORT STAFF EMPLOYEE INFORMATION

Employee Name: _____ Employee ID#: _____

Current Mailing Address: _____

City: _____ State: _____ Zip: _____

Email Address: _____

Cell Phone: _____ - _____ - _____ Home Phone: _____ - _____ - _____

Job Title: _____

Work Location: _____

Are you a SEIU bargaining unit member: Yes No

I am requesting emergency assistance for the following reason(s):

- Utility Disconnection Notice (water, electric, natural gas) Cap - \$300
- Foreclosure or Eviction Notice Cap - \$300
- Funeral Expenses Cap - \$300
- Car tow, repossession or impound bill Cap - \$500

By signing this form, I am confirming that I understand that I can apply for assistance from the Emergency Assistance Fund as a one-time draw for one of the categories listed above. I understand I must provide the proper documentation to receive any funds from Emergency Assistance Fund funds. I confirm that I have been advised that there could be tax implications from receiving payment from this fund and that I am responsible for consulting with my tax preparer for more information on how this could impact my income.

Employee Signature _____ Date ____/____/____

FOR APPROVAL TEAM USE ONLY

Amount Approved: \$ _____ Approval Reason: _____

Employee request is denied

Denial Reason:

- Ineligible expense Employee ineligible due to leave Documentation is not in the employee's name
- Expense past 30 days Other: _____

Approval Signature _____ Date ____/____/____

APPEALS RIGHTS: Staff whose requests are denied may appeal their decision in writing to the EAB appeals committee at memberservices@seiu500.org. The decision of the committee is final. Denial of payment is not subject to the grievance process.