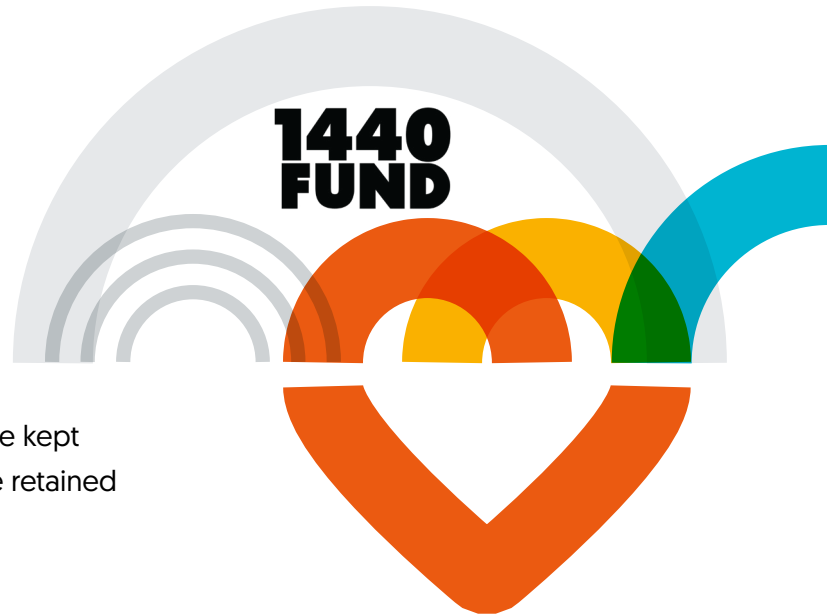


Request Form



Information provided for application purposes will be kept confidential. Completed application materials will be retained by the 1440 Fund Board of Directors.

Employee Information

Date of Application _____

First Name _____ **Last Name** _____

Preferred Phone Number _____

Home Address _____

City _____ **State** _____ **Zip** _____

Email _____ **Location** _____

Department _____ **Job Title** _____

Event Details

1. Describe the circumstances surrounding the need for assistance. If possible, please include any documents substantiating or supporting your need for assistance (i.e. fire marshal report).



2. What is the dollar amount needed to work through this emergency and how will this amount help you?

3. Please share other comments or information that would be helpful in determining your request.

I certify that the information provided is true and correct to the best of my knowledge and that any money received will be used to relieve the stated financial hardship. I agree to provide the 1440 Fund Board of Directors administering this program with documentation regarding my hardship upon request. I understand this is a one-time award. Any intentional misrepresentation of information contained in this application or shared during its review will result in forfeiting this and any future application for assistance, possible disciplinary action, and a potential demand for repayment of funds issued. Furthermore, I understand that the completion of this application does not guarantee funding and that, if needed, I will address any concerns or questions related to my application.

Signature _____ **Date** _____

We look forward to considering your application to the 1440 Fund. Please submit this form and supporting documentation to your leader. Every effort will be made to address your application timely based on the urgency of need.

For Leader to Complete _____

Has this employee been with the company for over 180 days?

Yes **No**
Part-time **Full-time**

Please describe the employee's performance within the team:

Leader Name _____ **Phone Number** _____

Please email the completed form to: 1440_hardship@csig.com.