

## NKU Benevolent Association Application Form

The Benevolent Association provides support to a faculty or staff employee for emergency needs, such as catastrophic personal or family illness. Support can be provided as additional sick time when the employee has exhausted sick and vacation time and requires additional time for personal illness or to care for an immediate family member. Support can also be financial for an extraordinary emergency need for basic needs. To be eligible to apply an employee must:

- have completed 90 days employment
- be full-time, part-time, or contract faculty or staff
- not have received time/money from the Benevolent Association in the preceding 12 months

A maximum of 30 days of benevolent time may be awarded to an employee\*. The Benevolent Emergency Committee urges enrollment in Short Term Disability following a request for benevolent sick time. The maximum financial award is \$1,000 payable only to the organization to whom money is owed.

An application is submitted to the Benevolent Emergency Committee members anonymously with summarized information. Typically an application decision is available within 7 working days after the completed application has been received.

**Send completed form to: Natalie Gabbard at gabbardn5@nku.edu. Incomplete forms will not be processed.**

Employee Name: \_\_\_\_\_ Employee # \_\_\_\_\_  
Department: \_\_\_\_\_ Date of Hire: \_\_\_\_\_  
Job Title: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
Supervisor Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
Signature of person making request: \_\_\_\_\_ Date: \_\_\_\_\_

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Applying for:     Sick Leave Bank                       Financial Assistance

State reason for requesting assistance – please be specific and as detailed as possible. Attach verification of your medical condition from all treating physicians if applying for sick leave bank. Attach itemized bill or detailed listing to support request for financial assistance. (Attach separate sheet if additional space is needed.)

Supervisor/Department Recommendation/Comments:

Supervisor Signature \_\_\_\_\_

\*Please note that a maximum of 10 days may be granted for childbirth with no complications.

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Benevolent Association Only  
Approved: Yes    No    # \_\_\_\_\_ Hours awarded \$ \_\_\_\_\_ Funds awarded  
Date employee notified \_\_\_\_\_ Date Payroll notified \_\_\_\_\_