

Stay connected. Stay community.
Stay *cura*. Stay Creighton.

Creighton United in Relief and Assistance (CURA) Employee Fund

The information within this request is confidential. No information will be shared with a third party except for processing purposes if an award is provided. Completed application materials will be retained by Creighton University's Human Resources Department.

Date of Application

Employee Information

Employee First Name

Last Name

Employee Phone #

Employee Net ID

Home Address

City

State

Zip Code

Email Address

Department/School

Job Title

If this application is being completed by a representative of the employee:

Representative First Name

Last Name

Relationship to Employee

Phone #

Email Address

PLEASE PROVIDE DETAILS ABOUT THE ASSISTANCE NEEDED ON THE FOLLOWING PAGE.

Details of Needed Assistance

1. Please describe the circumstances surrounding your need for assistance. If possible, please attach any documents substantiating or supporting your need for assistance. Please attach copies of supporting documentation here.
2. What is the dollar amount needed?
3. Please share other comments or information that would be helpful in determining your request.

Employee Certification

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 incurred due to the COVID-19 pandemic. I agree to provide the Committee administering this program with documentation regarding my hardship upon request. I also understand that money received from this fund 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 Creighton United in Relief and Assistance (CURA) Employee Fund. Please submit this form and supporting documentation to Human Resources via email at HumanResources@creighton.edu or via fax at 402-280-5516. Every effort will be made to address your application based on the urgency of the need.

FOR ADMINISTRATIVE PROCESSING ONLY

Date Received: _____ Referred to EAP? Yes No Benefits eligible? Yes No

Date of Hire: _____ Attachments needed/included? Yes No Prior Award? Yes No

Committee Decision: Approved Declined Why? _____

Amount \$ _____ Date Submitted for Disbursement: _____

Date Submitted to Payroll: _____ Comments: _____

Date(s) disbursement will be processed as taxable wages:
