



Colleague Hardship Healing Assistance Request Form

Instructions:

1. Review Colleague Hardship Healing Program for eligibility and conditions of assistance
2. Check the box for the assistance you are requesting
3. Complete all requested information and attach all supporting documentation
4. Return completed form with all supporting documentation to HR using an AskMyHR case or by emailing to MyHR@nebraskamed.com

Date: _____ Employee Name: _____

Employee ID Number: _____ Job Title: _____

PTO Assistance (*Attach supporting documentation substantiating medical emergency*)

Number of Hours Requested: _____ Date(s) Off Unpaid: _____

By signing this Request Form, I represent that I have, or my immediate family member has, incurred a major illness, medical condition, or death that requires my prolonged absence from work and which would result in a substantial loss of income but for the receipt of PTO assistance. I agree to submit all documentation and other information requested by the Committee in order to substantiate my eligibility for PTO assistance under the Hardship Healing Program.

Cash Out of PTO Accrued (*Attach supporting documentation substantiating financial hardship*)

Number of Hours Requested: _____

By signing this Request Form, I represent that I have experienced an unforeseeable financial emergency that was caused by an event beyond my control and which would result in a serious financial hardship to me but for the cash-out of the requested hours of my accrued PTO. I further represent that I have not requested to cash out an amount of PTO that is in excess of the amount necessary to alleviate my financial emergency. I agree to submit all documentation and other information requested by the Committee in order to substantiate my eligibility for PTO cash-out under the Hardship Healing Program.

Financial Assistance* (*Attach supporting documentation/Credit card payments and medical bills are not eligible*)

Type of Expense:	Company:	Amount:
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Please provide specific details on why you are requesting assistance. This information will be utilized for the committee for review and provide an outcome.

By signing this Request Form, I agree to submit all documentation and other information requested by the Committee in order to substantiate my eligibility for financial assistance under the Hardship Healing Program.

Colleague Signature

Date