

CLASSIFIED EMPLOYEES' ASSOCIATION EXECUTIVE BOARD GUIDELINE

GUIDELINE #04: HELP FUND

The purpose of the Classified Employees' Association (CEA) Help Fund is to assist members of CEA who find themselves in need of financial assistance because of circumstances beyond their control.

The CEA President will appoint a Help Fund Committee of four members and two alternates. One member will be from the Executive Board and three members will be from the general membership. The two alternates may be from either the Executive Board or the general membership. At least three committee members must agree before an application is approved. The committee will submit a written report to the Executive Board.

A minimum of \$2,000 will be maintained in a separate investment account. Interest from this account will be used to fund grants to members.

The Committee may award up to four grants each Association Fiscal Year (September 1 to August 31). Each grant is limited to a maximum of \$500. Unused grants from the two prior fiscal years may be used in the current fiscal year. No member may receive more than three grants in their lifetime.

The following are examples of the circumstances supporting award of a grant:

1. Natural disasters such as floods, earthquakes, fires, etc.
2. Medical emergencies or death of an employee or the employee's immediate family member. An immediate family member is defined as the employee's spouse, domestic partner, father, mother, brother, sister; the employee's spouse's father, mother, brother or sister; or the employee's dependent children.
3. Work related incidents creating undue financial hardship such as injury or vandalism.
4. Problems in the District Administration causing undue financial hardship for the employee.

The following are examples of circumstances not supporting award of a grant:

1. Financial management decisions by the employee or their spouse creating undue hardship.
2. Medical emergencies or death of an extended family member (not included in the immediate family definition above).
3. Routine or elective medical expenses.

Application for a grant may be submitted by any CEA member or any other person on the CEA member's behalf. Members who have been laid-off by the District remain eligible as long as they are on the recall list.

An application will consist of the form and appropriate supporting documentation as requested. The Committee, solely at their discretion, may request additional information and allow up to three weeks for any supporting documentation to be submitted.

The Committee will review an application within 72 hours of receipt. The Committee will notify the applicant within 24 hours after the review is complete.

All applications are confidential.

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Any person wishing to pay back all or part of the monies they received from the Help Fund may make a contribution to the Help Fund.

The Committee will make recommendations concerning changes to this policy to the Executive Board.

The Help Fund may be dissolved by a two-thirds vote of the members present at a General Membership meeting. Reasons to dissolve the Help Fund include, but are not limited to, abuse of the Fund or determination that the Fund is no longer necessary. If dissolved, the assets of the Help Fund will revert to the CEA General Operating Fund.

Adopted as policy this 13th day of September, 2012.

Lorie S. Miner, President

Chris Sawyer, Secretary

**CLASSIFIED EMPLOYEES' ASSOCIATION
EXECUTIVE BOARD GUIDELINE**

**HELP FUND
APPLICATION**



Thank you for contacting us - we are here to help! Please complete all information and return to CEA Office or to matsucea@gmail.com. If you have questions or require further information, please contact CEA President @ (907) 373-0800.

NAME: _____

DATE: _____

MAILING ADDRESS:

HOME PHONE: _____

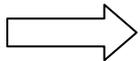
CELL PHONE: _____

E-MAIL: _____ AMOUNT REQUESTED: \$ _____

(Maximum request is \$500)

REASON FOR REQUEST: (additional pages may be attached)

I have read the help fund guidelines and accept the terms of the policy. I understand that I must provide supporting documentation in order for the committee to make an informed decision on my request. If awarded a help fund, I agree to use the funds for the requested purpose and understand that any false or misleading information may result in the repayment of the contribution from the recipient plus interest and any legal fees incurred.



Signature of Applicant: _____

------(For Committee Use)-----

Date Received: _____

Committee Decision: ___ Approved ___ Denied

Committee Signatures:

Date: _____

Date Issued: _____ Amount: \$ _____ Check # _____