

UNC Charlotte Emergency Loan Fund (ELF) Request Form

Please complete the following. If you would like assistance completing this form, please contact any member of the Human Resources Department staff. See PIM 60 for additional information [PIM 60 ELF](#).

Employee Name: _____ University ID #: _____

Campus Phone Number: _____ Home/Cell Phone Number: _____

Department/Office: _____

Campus Address: _____

Date of Request: _____ Loan Amount Requested: \$ _____

I am requesting an emergency loan for the following reason(s) (please be as specific as possible):

Statement of Understanding:

I understand that if funds are available, requests for loans between \$100 and \$250 will ordinarily be processed within five (5) working days of receipt of this loan request by Human Resources and approval by the Employee Loan Fund Coordinator. I also understand repayment must occur within ten (10) pay periods at the rate of no less than \$25 per pay period through payroll deduction.

If this loan request is not my first request within the past two (2) years, I understand the Employee Loan Fund Committee's approval is required. If funds are available and the loan request is approved by the Employee Loan Fund Committee ("Committee"), then my loan will ordinarily be processed within five (5) working days following approval by the Committee.

For value received, the undersigned promises to pay to The University of North Carolina at Charlotte ("University") the principal sum of _____ at the rate of \$25 per pay period via automatic withholding until the ELF loan granted by the University is paid in full. I further authorize that, upon my resignation or termination from employment with University, the withdrawal of the balance of my loan from the ELF from my final paycheck. I understand that I have the right to withdraw my authorization of this deduction from my payroll provided that such withdrawal is provided to the Department of Human Resources one (1) day prior to the issuance of the ELF loan.

Employee Signature: _____ Date: _____

Human Resources Use Only:

Request Approved: _____ Request Not Approved: _____

Date Request Forwarded to Accounts Payable Office: _____

Name of person forwarding request: _____