REQUEST FOR AN EMERGENCY LOAN

EMPLOYEE INFORMATION	
NAME:	UR ID NUMBER:
PHONE:	DEPARTMENT:

Emergency Loan Request

☐ I request an emergency loan in the amount of

☐ I have attached all documentation (e.g. bills) necessary to demonstrate a need for the emergency loan.

Please explain why you need the emergency loan.

EMPLOYEE SIGNATURE:	DATE:

HUMAN RESOURCES DEPARTMENT USE ONLY

☐ APPROVED ☐ NOT APPROVED

HR REPRESENTATIVE:	DATE:

Please complete this form and return it to HR via campus mail; fax (804) 287-1282; or scan and email to URHR@richmond.edu.
Once the form has been received, an HR Representative will contact you with next steps.