



## LOENBRO EMPLOYEE ASSISTANCE FUND HARDSHIP/CRISIS APPLICATION

*This form is confidential and the privacy of all individuals is respected.*

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Full Time: \_\_\_\_\_ Part Time: \_\_\_\_\_ Division: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

Months / Years of Employment: \_\_\_\_\_

Do you contribute to L.E.A.F.? \_\_\_\_\_

Amount Requested: \$ \_\_\_\_\_

Describe your crisis/hardship situation (use additional pages if needed to clearly communicate your situation):

List Attached Documentation (this information is extremely useful, medical bills, letter from doctor, etc.):

\_\_\_\_\_

### ***For Office Use Only***

Date Application Received: \_\_\_\_\_ Date Reviewed: \_\_\_\_\_ Amount Requested: \$ \_\_\_\_\_

Document Verification: Y/N \_\_\_\_\_ Approved: \_\_\_\_\_ Amount Awarded: \$ \_\_\_\_\_

Notes:

Date Approved: \_\_\_\_\_ Authorized Signature: \_\_\_\_\_

Return completed form to:  
HR Department 1900 32<sup>nd</sup> Ave NE – Black Eagle, MT 59414 – 406-453-1542