

**Mission Hospitals
Emergency Loan Application**

Eligibility for loan:

1. Employed greater than 90 days.
2. No previous loans or unpaid loan balances in the preceding 12 months.
3. No second or final warnings received in the preceding 12 months.

Name: _____ Employee Number: _____
Job Title: _____ Department: _____
Employment Date: _____ Work Phone #: _____
Home Phone #: _____ Shift Worked: _____

Amount Requested: _____

Reason for Request (**REQUIRED DOCUMENTATION MUST BE ATTACHED**)

I understand that no additional optional deductions are allowed after receiving an emergency loan, until the loan is repaid in full. (See HR Policy 3.04)

Should I terminate employment with MSJ, I understand any unpaid balance will be deducted from my last paycheck(s). Any balance in excess of the final check is due immediately.

Staff Member Signature: _____ Date _____

TO BE COMPLETED BY HUMAN RESOURCES REPRESENTATIVE:

Current Emergency Loan Balance: _____ Bi-Weekly Deduction Amount: _____

Amount: _____ \$ _____

EAN Referral made: _____

Approval Signature:

Human Resources Representative/Date

Checks should be made payable to the following vendors: _____ Amount: _____

**SUBMIT FORM TO HUMAN RESOURCES
5 Frederick Street ,213-5600**