



Flagler County Schools Employee Assistance Fund

The **Flagler County Schools Employee Assistance Fund** has been established to help School District employees who are active at the time of their hardship with emergency situations beyond their control that have caused a financial hardship. An emergency is defined as an unforeseen circumstance that calls for immediate action and an urgent need for assistance or relief.

Who is eligible?

1. Full time regular employees, or
2. Part time regular (at least 4 hours/day)
3. Employees must have been with the District a minimum of 90 days of service

What is considered a crisis situation?

Applicants for the Flagler County Schools Employee Assistance Fund must have a documented crisis situation that has caused a financial hardship. It must be an event beyond the employee's control.

Examples of crisis situations that could be considered for assistance:

- Fire
- Natural Disasters such as flood, hurricane or tornado
- Theft of Property
- Loss of employment for spouse
- Loss of property (Foreclosure)
- Illness/disability

Application Process

A Flagler County Schools Employee Assistance Fund application is completed with supporting documentation. Documentation should include: eviction/foreclosure notifications, past due utilities, police/fire report, doctor's note or other related documentation. The application and supporting documents should be submitted to the Human Resources Director at the Government Services Building. The form can be found at <http://flaglerschools.com/content/forms-0>.

Financial Assistance

- Requests are reviewed by the Director of Human Resources or Senior Director of Operations and approved by the Superintendent or Chief Financial Officer for payment. Decisions will be made within 72 hours of the request.
- Employees will receive notification by phone followed by an email confirmation.
- The maximum amount of assistance the fund provides is up to \$1,000.00 per year. Funds will not exceed 75% of the total loss and no more than \$3,000 may be awarded to any employee during their lifetime.
- Only one request for assistance per family, per year (rolling 12 months).
- Employees cannot apply for the same financial hardship more than once.

How to Make Donations to the Fund

Donating to the Flagler County Schools Employee Assistance Fund is easy! Write a check to Flagler County Schools/Employee Assistance Fund and send it to the Director of Human Resources or sign up for payroll deductions. Payroll deduction forms can be found at <http://flaglerschools.com/content/forms-0>.



FLAGLER COUNTY SCHOOL BOARD
Payroll Deduction Form

**“Flagler County Schools Employee
Assistance Fund”**

I hereby authorize the Flagler County School Board to make the following payroll deduction to be used solely for the “Flagler County Schools Employee Assistance Fund”:

One dollar (\$1.00) _____ Two dollars (\$2.00) _____ Other _____
Five dollars (\$5.00) _____ Ten dollars (\$10.00) _____

I agree to the following provisions:

1. This contribution to the program is entirely voluntary.
2. My employer will retain the original form.
- 3. The deduction will continue until canceled in writing by me.**
4. The deduction will be taken for each regular salary check, beginning with my next payroll check.

Name _____
(Please Print)

School / Department _____

Social Security Number _____
(Last 4 digits)

Signature _____ Date _____

**Please return to: Connie Auld, Human Resources Office
Flagler County School Board Office**



Flagler County Public Schools

Employee Assistance Fund

Application

First Name: _____ Last Name: _____

Full Time: _____ Part Time: _____ Department/School: _____

Address: _____

Home Telephone Number: _____ Cell Telephone Number: _____

Email Address: _____

Month/Years of Employment: _____

Amount Requested: \$ _____

What is Your Crisis Situation:

List Attached Documentation:

For Office Use Only

Date Application Received _____ Date Reviewed _____ Amount Requested: _____

Document Verification ____yes ____no Approved: ____yes ____no Amount Awarded _____

Notes: _____

Date Approved: _____ Authorized Signature: _____