



Employee Assistance Request Form

Name: _____ Date: _____

Department: _____ Telephone: _____

I. What is the subject of your request?

II. Please describe your situation, condition, with specific details.

I certify that I am employed by the College of William and Mary/VIMS. I have read the Employee Assistance eligibility guidelines and I agree that the HACE Employee Assistance Committee and the HACE Executive Board shall have the rights to:

- A) release my name and a brief explanation of my hardship to the College community for the purpose of obtaining donations which will be used to assist me with my financial hardship as stated above, and
- B) obtain information from the College of William and Mary/VIMS Human Resources Department and from my supervisor regarding the details of my employment status and work performance.

(signature)

(date)

(HACE representative)

(date)

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Request Number \_\_\_\_\_ Date Received \_\_\_\_\_

Status of request \_\_\_\_\_

I acknowledge receipt of funds from my HACE Employee Assistance request in the amount of \$ \_\_\_\_\_

Signature of recipient: \_\_\_\_\_ Date funds received: \_\_\_\_\_