

Employee Assistance Fund for Alaska Airlines Request for Assistance Application

Please Print Note: ALL sections must be completed for application to be considered.

PERSONAL DATA

Date of Hire: _____ Arctic: _____ Income: _____
 Last Name: _____ First Name: _____ Dept: _____
 Home address: _____ Title: _____
 City/State/Zip: _____ Comail: _____
 Home phone: _____ Work phone: _____ Ext: _____
 List Names and ages of Household members: Supervisor first & last name required: _____
 _____ Supervisor phone no. & ext required: _____

MEDICAL OR CATASTROPHIC EVENT Please describe your situation in specific details (use reverse side if needed)

FINANCIAL DATA List all other forms of household income

Spouse Income: _____ PTO: _____ Disability: _____
 Child Support: _____ Vacation: _____ Other: _____
 401K: _____ Sick Leave: _____
 Retirement: _____ Comp time: _____
 Savings: _____ Trips (FA's): _____
 Have you applied for & received assistance from EAF in the past? () yes () no when: _____
 Have you applied for & received assistance from any company organization? () yes () no when: _____
 Indicate other funding options you have researched for assistance in your current situation: _____

| List all Liabilities | Name | Acct# | Phone # | Current Balance / Due |
|----------------------|------|-------|---------|-----------------------|
| Rent/Mortgage | | | | |
| Utilities | | | | |
| Medical expenses | | | | |
| Car Loan | | | | |
| Insurance | | | | |
| Credit Card | | | | |

ASSISTANCE REQUESTED: List SPECIFICALLY the financial assistance you are requesting in PRIORITY order

1) _____ 6) _____
 2) _____ 7) _____
 3) _____ 8) _____
 4) _____ 9) _____
 5) _____ 10) _____

The completed form is a true, complete and accurate statement of my situation and my signature below grants permission to contact my supervisor & Employee Benefits to verify FMLA, COBRA, workman's comp, sick leave, 401k, and disability information.

Required Signature _____ Date _____