



EMPLOYEE INFORMATION

Employee Name: _____

Employee ID #: _____

DISASTER EMERGENCY LOAN AGREEMENT

The basis for the loan is the following:

This loan agreement dated _____, 2015 between _____ and Gonzaga University in the amount of \$_____ (not to exceed \$1,000 per family) will be an interest-free loan and repaid over Ten (10) equal installments over the first Ten (10) pay dates in 2016 starting with the pay date of January 8, 2016. Repayment of loan via payroll deductions is authorized below.

Please elect payment distribution option –

Mail to mailing address on file

Pick up in Controller's Office (**photo ID required**)

I certify that this request is being made due to unseen financial hardship related to the severe weather event impacting the Spokane region on November 17, 2015. I understand this loan is a one-time event and not part of an on-going loan program.

Employee Signature

Printed Name

Date



PAYROLL DEDUCTION AUTHORIZATION

I, _____, hereby agree to repay Gonzaga University (GU) \$_____ (maximum \$1,000, per family) for the Disaster Emergency Loan issued on _____. I understand this is an interest free loan that I am responsible for satisfying the repayment of the full amount above and elect repayment through payroll deduction based on the repayment terms below.

I authorize GU to deduct the amount above in Ten (10) equal installment payments over the first Ten (10) pay dates in 2016, starting with the pay date of January 8, 2016. This deduction authorization will remain in effect until the full balance is satisfied.

In the event my employment with GU ends before the final deduction is made, whether separation is voluntary or not, I understand and agree that any remaining balance due will be deducted from my final paycheck. In the event there is an additional balance remaining after my final paycheck, I agree to repay the remaining balance in full within Thirty (30) days from my separation date. If any balance remaining is not paid within this time frame, I understand Gonzaga University may, at its discretion, pursue alternative collection methods.

Employee Signature

Printed Name

Date

Return Agreement to:

Gonzaga University
Attn: Payroll Dept.
502 E Boone Ave, Suite 103
Spokane, WA 99258-0069
Email – payroll@gonzaga.edu