



Arkansas Association of Correctional Employees Trust
EMPLOYEE ASSISTANCE REQUEST FORM A

TO BE COMPLETED BY EMPLOYEE REQUESTING ASSISTANCE

Employee Name: _____ Date: _____
Position: _____ AASIS #: _____
Work Location: _____
Employee Address: _____ City: _____ State: _____ Zip: _____
Phone Number: _____ Cell Phone: _____

Is the employee a member of AACET? [] Yes [] No

DETAILED DESCRIPTION OF REQUEST FOR EMERGENCY FINANCIAL ASSISTANCE.
If the assistance is for a member of the immediate family (spouse or minor child), please indicate that and include the age of the child(ren). You must be the legal guardian of the child. Assistance may be requested for member, spouse, or member's minor children

Multiple horizontal lines for writing the detailed description of the request.

I, _____, authorize releasing information regarding my personal
(name of employee)
situation, which may or may not include medical information, to the Arkansas Association of Correctional Employees Trust and board members who will review and recommend approval of financial assistance. I understand that all information will be held confidential and not publicized by the Arkansas Association of Correctional Employees Trust. The information contained on this form will only be used to determine eligibility for financial assistance from the Arkansas Association of Correctional Employees Trust.

Employee's Signature: _____ Date: _____

EMPLOYEE INFORMATION