



Arkansas Association of Correctional Employees Trust
EMPLOYEE ASSISTANCE REQUEST FORM B

EMPLOYEE INFORMATION	<p>Illness/Injury or Medical-Related Request</p> <p>1. Leave Balances Annual _____ Sick _____ Holiday _____ Comp/OT _____</p> <p>2. What type of insurance plan does the employee have? (Health/Home) _____</p> <p style="padding-left: 20px;">A. Is the employee on Leave Without Pay (LWOP) and/or is in danger of his/her insurance lapsing? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Death Related Request</p> <p>1. Did the employee or immediate family of the employee have life insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>2. Are there other expenses? (please list) <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Doesn't Apply</p> <p>_____</p> <p>_____</p>
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REVIEWING AUTHORITIES	<p>SUPERVISOR RECOMMENDATIONS</p> <p>_____ <input type="checkbox"/> Recommended <input type="checkbox"/> Not Recommended (Warden, Center Supervisor, Administrator, or Area Parole Manager)</p> <p><i>If Not Recommended, reason?</i> _____</p>
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ASSOCIATION STAFF ONLY	<p align="center">TO BE COMPLETED BY ARKANSAS ASSOCIATION OF CORRECTIONAL EMPLOYEES TRUST REVIEW COMMITTEE</p> <p>_____ <input type="checkbox"/> Recommended <input type="checkbox"/> Not Recommended (Association Executive Director)</p> <p>_____ <input type="checkbox"/> Recommended <input type="checkbox"/> Not Recommended</p> <p>_____ <input type="checkbox"/> Recommended <input type="checkbox"/> Not Recommended</p> <p>Date Reviewed: _____ Amount of Assistance Sent: _____</p> <p>Check Number: _____ Date Assistance Sent: _____</p>
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