Please complete the following. If you would like assistance completing this form, please contact any member of the Human Resources Department

staff. See PIM 60 for additional information PIM\_60\_ELF

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| **PART 1: EMPLOYEE CONTACT INFORMATION** |

| **Employee Full Name:** | |  | **University 800 #:** |  | |
| --- | --- | --- | --- | --- | --- |
| **Campus Phone Number:** | |  | **Home/Cell Phone:** |  | |
| **Department /Office Name:** | |  | | | |
| **Campus Address:** | |  | | | |
| **Date of Request:** | |  | **Loan Amount Requested $** |  | |
| **PART 2: REASON** | | | | | |
| **I am requesting an emergency loan for the following reason(s) (please be as specific as possible):** | | | | | |
|  | | | | | |
| **PART 3: STATEMENT OF UNDERSTANDING:** | | | | | |
| **I understand that if funds are available, requests for loans between $100 and $250 will ordinarily be processed within five (5) working days of receipt of this loan request by Human Resources and approval by the Employee Loan Fund Coordinator. I also understand repayment must occur within ten (10) pay periods at the rate of no less than $25 per pay period through payroll deduction.**  **For value received, the undersigned promises to pay to The University of North Carolina at Charlotte (“University”) the principal sum of $**       **at the rate of $25 per pay period via automatic withholding until the ELF loan granted by the University is paid in full. I further authorize that, upon my resignation or termination from employment with University, the withdrawal of the balance of my loan from the ELF from my final paycheck. I understand that I have the right to withdraw my authorization of this deduction from my payroll provided that such withdrawal is provided to the Department of Human Resources one (1) day prior to the issuance of the ELF loan.** | | | | | |
| **Signature:** |  | | | **Date:** |  |

**Mail this form to:** Employee Relations, UNC Charlotte Office of Human Resources, 9201 University City Blvd, Charlotte, NC 28223-0001.

**OR Fax this form to:** Employee Relations at 704-687-5255.

**OR** **Deliver this form to:** Employee Relations, King Building 113

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**Human Resources Use Only**:

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| --- | --- | --- | --- |
| **Request Approved:** |  | **Request Not Approved:** |  |
| **Date Request Forwarded to Accounts Payable Office:** | |  | |
| **Name of Employee Relations Consultant forwarding request:** | |  | |