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| **Application to Contribute to the Employee Emergency Relief Fund**  AUC ID Number: ............................................................................  National ID Number: ............................................................................  Name: ............................................................................  Mobile Number: ............................................................................  Position: ............................................................................  Department/ Office: ............................................................................  Anonymous Identity AUC Alum  Recognition name: …………………………………………………  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  One-time contribution amount EGP USD  **............. .............**  Or,  Monthly deducted amount from my salary during the period from / to / (M/Y)  EGP USD  **............. .............**   * I acknowledge that in case I want to cancel this contribution it is essential to inform the Human Resources Office in writing before the beginning of the month that I wish to end the deductions in.   Name: ……………………………….  Signature: ……………………………….  Date: ……………………………….  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Revised by Human Resources Staff Member**:  Signature: ………………………………. Date: ……………………………… |