**Application for the Employee Emergency Relief Fund’s Support**

AUC ID Number: ....................................................................................

National ID Number: ...............................................................................

Name: .........................................................................................................

Reason for Application: ..............................................................................

Marital Status: ...............................................................................................

Mobile Number: .............................................................................................

Current Residency Address: ...........................................................................

Position: ...........................................................................................................

Department/ Office: .....................................................................................

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Dear committee members of AUC’s Employees Emergency Relief Fund, I am kindly applying for the benefits of the Fund due to the reasons mentioned above and please find below all the attached supporting documents:

**1- 2-**

**3- 4-**

Thank you

Name: ……………………………….

Signature: ……………………………….

Date: ……………………………….

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Granted, Complying with the Fund’s rules and regulations

Rejected for non compliance with the Fund’s rules and regulations

Signature: ………………………………. Date: ………………………………

\*The benefits are granted as a Check within a maximum period of 10 days from the applications date