|  |
| --- |
| Human ResourcessPECIALIST sUPPORT tEAM |

**Staff Assistance Fund**

1. **Introduction**

The Staff Assistance Fund is available to support employees facing financial difficulties.

1. **Eligibility**

To apply for financial help through the fund you will normally need to have been employed by the University for six months. If you do not have six months service please email staffemergencyfund@leeds.ac.uk to explore whether an exception can be made.

Receipt of previous funds from the Staff Assistance Fund does not discount you from making a new application although this will be considered when your application is assessed.

1. **Support available**

Financial help will be in the form of an interest free loan. Normally, the maximum amount of the assistance will be £2,000 but this will be considered on a case-by-case basis.

1. **Application process**

Please use the application form below. We appreciate that the details required are personal, however, they are required to ensure the application can be considered fully and to tailor any support to your specific needs.

Applications will be considered by the Director of Human Resources (or nominee). Decisions will normally be made within 5 working days.

Please email completed applications to staffemergencyfund@leeds.ac.uk. Applications will be kept strictly confidential.

If you need assistance in completing this form, please contact the HR Manager or Head of HR for your School/Service.

1. **Loan repayments**

Loan repayments will be taken from monthly salary and will typically be made over a 12-month period. The repayment period may be extended to a maximum 24 months in exceptional circumstances. Payments will need to be completed prior to the end of a fixed term or open-ended (fixed funded) contract.

The balance of the loan will be paid in full where employment with the University ends for any reason before the end of the agreed loan term. The University reserves the right to recover the balance from any remaining salary payment(s) and/or from any other payments due. Thereafter, any outstanding balance must be repaid within 30 days of the termination of employment. Failure to do so may result in the University charging interest on the outstanding balance.

1. **Staff Assistance Fund Terms**

This revision to the Staff Assistance Fund has been made in May 2020 to reflect the unprecedented circumstances caused by the Coronavirus (COVID-19) pandemic. The Terms of the Fund will be reviewed regularly and may revert in whole, or in part, to the original procedure at any time.

**Application Form**

|  |
| --- |
| **About you** |
| **Payroll ID number** |  | **Title1** | **Dr / Prof / Mrs / Ms / Mr /****Other (please specify)**:  |
| **First name(s)** |  |
| **Surname/family name** |  |
| **Contract type and length1** | * Open ended
* Open ended (fixed funded)
* Fixed term
 | **If fixed term or open ended (fixed funded), please give remaining length of contract:** |  |

1 delete where not applicable

|  |
| --- |
| **Please provide a short statement to explain why you need to access the Staff Assistance Fund.** Please include as much detail as possible to support your request such as: the amount of income that you received previously but are no longer getting; additional outgoings / financial commitments; change in personal circumstances. Please include copies of relevant letters / bills to support your application (photographed copies are acceptable). |
|  |

|  |
| --- |
| **Please indicate the amount of assistance you are requesting (Maximum £2,000)** |
| **Amount** | £ |

|  |
| --- |
| **Existing financial arrangements with the University (Include separate pages if required)** |
| **If you have received support from the Staff Assistance Fund in the past, or if you have other loans from the University of Leeds (for example immigration loan, cycle to work, bus/rail card) please detail:** |
| **The date you received the money** |  |
| **The amount received** | £ |
| **The scheme the support was from (e.g. Staff Assistance Fund, Immigration Loan etc.)** |  |

|  |
| --- |
| **Declaration** |
| I confirm that:1. I accept and will comply with the Staff Assistance Fund scheme terms and conditions;
2. If required, I will provide documentation, such as bank statements to support my application;
3. I am aware and agree that, if my employment ends before I have fully repaid the loan, the University will recover any outstanding sum from any remaining salary payments. If the amount I still owe is more than my final salary payment, I agree to repay the additional amount before my last day of employment. If I do not work a notice period, I agree to repay the additional amount within 7 days of my last day of employment;
4. If my pay reduces (for example if I reduce my hours), I agree that the University can continue to deduct loan repayments from my salary in the knowledge that, in exceptional circumstances, I might receive no pay;
5. (fixed term/fixed funded members of staff) before completing this application, I have reviewed my financial situation and am sure that I will be able to repay the loan before my current contract/funding ends;
6. The information I have given is true and accurate.
 |
| **Signed** **(if the application is being submitted by email, no signature is required)** |  |
| **Print full name** |  | **Date** |  |

**FOR HR USE ONLY**

|  |
| --- |
| **Payment authorisation**  |
| **Amount approved** | £ |
| In which month should repayments start?  |  |
| What should the repayment term be?  |  |
| **Signed** |  |
| **Full name**  | Director of Human Resources (or nominee) | **Date** |  |