



SODEXHO EMPLOYEE DISASTER RELIEF FUND

APPLICATION

Revised 8/2007

Please print clearly.

Employee first name: _____ Last name: _____ Date of submission: _____
 SSN: _____ Date of incident: _____
 Current address: _____ Unit/dept. name: _____
 City: _____ State: _____ Zip: _____ Unit address: _____
 Damaged property address (if different than mailing): _____ City: _____
 City: _____ State _____ Zip _____ State: _____ Zip: _____
 Telephone #: _____ Unit telephone #: _____
 Are you an active employee? Yes ____ No ____ Unit e-mail address: _____

Do you have insurance that would cover any or all the loss for which you are requesting funds? Yes ____ No ____

If yes, name of insurance carrier: _____

Please describe the qualifying reason you are seeking assistance from the SODEXHO EMPLOYEE DISASTER RELIEF FUND:

Fire Hurricane Tornado
 Flood Loss of life Other natural disaster _____

Please describe the extent of your damage/loss (mark appropriate boxes):

Loss of primary residence Damage/loss of personal property
 Damages to primary residence Furniture
 Foundation Clothing
 Roof Other _____
 Basement _____

Is temporary housing required? Yes ____ No ____ Estimated length of time: _____

Please indicate how much money you are in need of and why. (Use additional sheet of paper, if needed) _____

I understand that funds from the Sodexho Employee Disaster Relief Fund are distributed to eligible employees based on the availability of funds and on a first-come, first-serve basis to eligible employees. I understand that the Sodexho Employee Disaster Relief Fund has the right to reject my application.

Employee signature: _____ Date: _____

I certify that the information above is accurate and true to the best of my knowledge.

Supervisor's name: _____ Title: _____

Supervisor's signature: _____ Date: _____

Fax application to:
Cindy Roope
Corporate Human Resources
301 987 4931

For Board Use Only

Approved by: _____ Approved by: _____

Date: _____ Amount: _____ Date: _____ Amount: _____