



Sodexo Employee Disaster Relief Fund Application



This application must be approved by your general manager or district manager.

Revised 7/2010

Please print clearly.

Employee first name: _____ Last name: _____ Date of submission: _____

Employee ID #: _____ 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 SODEXO EMPLOYEE DISASTER RELIEF FUND:

- Fire Hurricane Tornado
 Flood Loss of life for spouse/child Other natural disaster _____

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

Do you own your own home? Yes ___ No ___

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

Does your insurance cover temporary living expenses? Yes ___ No ___

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 Sodexo Employee Disaster Relief Fund are distributed to eligible employees on a first-come, first-serve basis depending on the availability of funds and that the 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: _____

For Board Use Only

Approved by: _____ Approved by: _____

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

Fax application to:
Susan Plenert
Corporate Human Resources
301 560 4921

