

THE UNIVERSITY OF NORTH CAROLINA AT ASHEVILLE
Leah Karpen Emergency Loan Request

Please complete the following. If you would like assistance completing this form, please contact any member of the Human Resources Office staff. Completed form should be delivered to the Human Resources Office, Phillips Hall, Room 228.

Employee Name: _____ Campus Phone # _____
Home Phone #: _____ CPO#: _____
Social Security #: _____ Department/Office _____
Date of Request: _____ Loan Amount Requested: _____
(Account balance cannot exceed \$750.00)

I am requesting an emergency loan for the following reasons (please be specific):

Statement of Understanding:

Loans of \$250 or Less:

1. I understand that first time requests for loans of \$250 or less will ordinarily be reviewed and a decision made within 24 hours of the request. If approved, a first time request for \$250 or less will ordinarily be available the working following approval of the request.
2. I understand and agree that repayment of the loan must occur in not more than 12 months through payroll deductions.
3. By requesting this loan, I understand and agree the loan amount is subject to an annual percentage rate (APR) of 8%.

Loans Over \$250:

1. If this loan request is for greater than \$250 or if this loan request is not my first request, I understand that committee approval is required.
2. The review period by the committee will take up to five (5) days.
3. If the loan is approved, the loan amount will be available the next working day after approval.
4. I understand and agree that repayment of the loan must occur in not more than 12 months through payroll deductions.
5. By requesting this loan, I understand and agree the loan amount is subject to an annual percentage rate (APR) of 8%.

Employee Signature _____
Date

HUMAN RESOURCES USE ONLY:

Date Request Approved: _____ Date Request Denied: _____
Date applicant notified of denial: _____

Request Forwarded to Business Office: _____
Date