



Cheyenne Regional Medical Center

Employee Hardship Loan Application

Name _____ Date _____ Employee ID/Badge # _____

Address _____ City _____ State _____ Zip Code _____

Department _____ Current Position _____ Hire Date _____

Job Status: Permanent FT _____ Permanent PT _____ Phone Number: _____

Reason for Hardship Loan:

Amount Requested: _____

(Supporting Documentation must be attached for Employee Hardship Loan Application to be considered)

___ I have read and understand the policy for the Employee Hardship Loan.

___ I certify that all information contained in this application is true, correct and falsification of information may result in denial and/or corrective action.

___ I understand that to obtain a loan under the Employee Hardship Loan Policy, I must remain in good standing from the time of application until repayment of the loan.

___ I understand there is a repayment requirement and the Employee Hardship Loan Contract that will be signed by me when I receive my loan check.

___ I understand that if I leave Cheyenne Regional employment prior to the end of my repayment period, I will repay Cheyenne Regional the remaining balance of my Employee Hardship Loan from my final paycheck. If there are not sufficient funds to pay my remaining balance, I agree that I will be billed for the balance owed.

___ I understand that Cheyenne Regional reserves the right to amend or terminate the offering of the Employee Hardship Loan, at any time.

___ I understand that this is not a contract of employment, and that all employment with Cheyenne Regional is voluntary and at-will, meaning that I or Cheyenne Regional have the right to terminate the employment relationship at any time, for any reason or no reason, and that this agreement does not alter that at-will employment relationship.

___ I do not currently have an Employee Hardship Loan.

___ I am in good standing and not on corrective action.

****Please Sign and Date the form. Once complete, email the signed form to Benefits@crmcwy.org. Please allow four business days for HR processing after submission of form****

Signed _____ Date _____

APPROVAL / DENIAL:

Is the above employee currently in good standing with Cheyenne Regional Medical Center? Y/N

Employee Hardship Loan Committee _____ Date _____

Approved: _____ Denied & Reason _____