



Sinai Hospital
Northwest Hospital
Carroll Hospital
Levindale Hebrew Geriatric Center and Hospita

EMERGENCY HARDSHIP PAYOUT PROCESS:

Required criteria each employee must meet to qualify:

- Successfully completed one year of employment with LifeBridge Health
- Accomplished or above rating on most recent performance evaluation
- No corrective action above an Oral Warning within the last 12 months
- .5 FTE status or above

Request Process:

- Employee contacts HR Associate to request an emergency hardship payout due to a financial hardship and provides documentation for this need.
- HR Associate provides him/her with the appropriate form (if funds need to be paid back), and explains the process/instructions to the employee.
- HR Associate reaches out to Manager to confirm that the employee is in good standing. Manager sends an e-mail message to HR Associate to confirm the employee is in good standing. The e-mail message must contain the following information:
 - Name of employee
 - No corrective action above an Oral Warning within the last 12 months
 - Employee is in good standing

HR Associate verifies that the employee is eligible to receive an advance by checking the following information:

- Date of Hire
 - Most recent performance evaluation rating
 - Corrective actions
 - Past pay emergency hardship
 - Amount of PTO/Vacation accruals
 - FTE
 - Rate of Pay
- Once eligibility is confirmed, the HR Associate will email the Payroll department listing the following details:
 - Approved amount
 - Suspension of Quick Charge (12 month period from the date of the cut check)
 - Check request includes:
 - Name/Clock #/Home Address
 - "Emergency Hardship" as description
 - Company #/Cost Center/Account # (department payroll acct #)
 - Signature from HR Manager or above
 - Upon completion, the HR Associate should provide a copy to the employee, and scan a copy and send to Payroll via e-mail.
 - The email will be marked Emergency Hardship Payout. Please add the name of entity, employee's name, employee's title and employee's clock number.
 - Status tracking/ high priority

Details:

- An employee is granted only 3 advances through their employment with LifeBridge Health. Only 1 advance will be granted within a 12-month period.
- Emergency Hardship Payment form needs to be submitted to Payroll within 30 days of event.
- After the first advance is approved, the employee is required to complete financial counseling, and show proof of completion, before a second advance is approved. The employee may choose to see the Workforce Development Specialist in the Human Resources department or seek counseling through another agency.
- Any need that relates to an employee's housing status (i.e. rent or mortgage) the employee is approved for up to 2 weeks of pay. Anything other than housing (medical and automobile, water bill, electric/ gas bill reasons) the employee is approved for up to 1 week of pay.
- Payment of monies will first be taken from employee's PTO/Vacation/Holiday banks. If there is an insufficient amount of hours the remaining amount will be paid via True Advance (loan). The employee must sign the Emergency Hardship Payment Form, which is an agreement to pay back the funds and outlining the repayment details. The employee must sign and return the Emergency Hardship form to the HR Associate. HR Associate will submit the documents to the Payroll Department.
- Payroll will attempt to process within 48hrs.
- Payroll will contact the HR Associate and notify when check will be ready.
- The HR Associate will notify the employee that they can pick up the check from the Payroll Dept.



EMERGENCY HARDSHIP PAYMENT FORM

Employee must meet the following criteria:

1. Date of Hire must be at least one full year prior to the date of request.
2. Employee must not have any corrective actions above an oral warning for the 12 months prior to the request.
3. Employee will repay in no less than 1 and no more than 4 payroll deductions.
4. Employee may request Emergency Hardship only one time per rolling 12 month period.
5. Reason for Advance must be validated with support documentation and counseling from the Human Resources department to exhaust any other form of financial assistance (i.e., family, etc.)
6. Payroll deductions for Smart Card and Auxiliary sales will not be allowed for 1 full year.
7. HR Director or above must sign check request form. (Check request form attached)

Employee must complete form below and have HR authorize the request.

TOTAL AMOUNT REQUESTED: \$ _____
 VACATION HRS _____ PTO HRS _____ HOLIDAY HRS _____
 Payroll will attempt to process within 48hrs.

NUMBER OF PAY PERIODS FOR REPAYMENT:
 \$500 or less- 2 pays \$501-\$800- 3 pays \$801 and above- 4 pays

DEDUCTION AMOUNT PER PAY PERIOD: \$ _____

I, _____ give permission for LifeBridge Health and all of its affiliates to withhold from my salary \$ _____ per pay for _____ pay periods, until the total amount is paid in full. This is a contractual agreement with LifeBridge Health and all of its affiliate companies for repayment of monies owed. In the event of termination from employment at LifeBridge Health and any of its affiliate companies, I am still legally obligated to pay any remaining balance owed to LifeBridge Health and its affiliate companies. LifeBridge Health and its affiliate company’s payroll departments can use any means necessary to collect the debit owed without limit to holding final check’s net pay, withholding PTO/Vacation/Holiday pay out, and any other means necessary. If funds are not paid within a timely manner, then legal action can be taken.

EMPLOYEE SIGNATURE: _____ DATE: _____
 SS#: _____ CLOCK #: _____

AUTHORIZED SIGNATURE: _____ (HR OFFICIAL) DATE: _____

Check Request

Date: _____

Sinai Hospital
 Northwest Hospital
 Levindale

Payee: _____
 Address: _____

Other LBH Entity

Check if Payee: LBH Employee*
*Process Employee Reimbursements Only through A/P
 Check if Payee: Physician
*Process all other Employee payments through Payroll
 Is a Physician Contract in Place?
 Yes No

Vendor No. _____
 Employee Clock No.* _____
 Federal Tax ID No. _____
 Social Security No.** _____

Payee Contact Information

Check Pick Up Requested

Disbursement Explanation or Purpose

General Ledger Distribution

Invoice Date	Invoice No.	Company No.	Dept. No.	Account No.	Project No. (if applicable)	Invoice Amount
Check Request Total						

NOTE: By signing this document, you are authorizing the LifeBridge Health Accounts Payable/Payroll to disburse funds and you are attesting that all information contained herein is complete, accurate, and in compliance with all related LifeBridge Health policies.

Authorization Signatures

Requestor: _____
Requestor Phone # _____
Print Name and Title Here → _____

Director: _____
Print Name and Title Here → _____ **Date:** _____

Vice President: _____
Print Name and Title Here → _____ **Date:** _____

Sr. Vice President: _____
Print Name and Title Here → _____ **Date:** _____

Chief Executive Officer _____
 Neil Meltzer, President & CEO **Date:** _____

Accounts Payable/Payroll Use Only

Processed by: _____ **Date:** _____

* PLEASE ALLOW FIVE (5) BUSINESS DAYS FOR CHECK PROCESSING. TO AVOID PROCESSING DELAYS
 PLEASE ENSURE THE ENTIRE FORM IS COMPLETED AND DOCUMENTATION IS ATTACHED.
 CHECK REQUESTS RECEIVED WITH INCOMPLETE INFORMATION WILL BE RETURNED.