



Employee Emergency Loan Program

The Employee Emergency Loan Program (EELP) is a program that Santa Clara University runs as a benefit to its employees. The EELP loans are meant to provide assistance to employees who find themselves facing an emergency such as, but not limited to:

- Health emergencies;
- Transportation emergencies;
- Death or critical illness within immediate family;
- Housing emergencies;
- Child care emergencies.

The maximum amount of money that can be borrowed is \$4,000.00. Repayment is made through semi-monthly payroll deductions authorized by the borrower. There is no interest charged on employee emergency loans. Repayment periods vary from one to three years, depending on the size of the loan as follows:

- Loan amounts between \$1-\$1,000 must be repaid within one year.
- Loan amounts between \$1,001-\$2,000 must be repaid within two years.
- Loan amounts between \$2001-\$4000 must be repaid within three years.

Only one loan per employee may be outstanding at any one time. Additional loans can only be taken at least six months after the previous loan has been completely repaid. A maximum of three loans can be taken by employees during their course of employment. Application for and receipt of an EELP loan is completely confidential.

Eligibility: All regular benefits eligible University employees who have successfully completed one year of service and are in good standing (have not been demoted, suspended, or received a written warning or improvement plan from their supervisor in the past three years) are eligible to apply for the EELP loans. The EELP program is managed through the Department of Human Resources. To apply for an EELP loan employees must complete an EELP application form and submit it to the Department of Human Resources. The fact that an employee has applied for, been denied, or received an emergency employee loan is kept strictly confidential. Please contact Shirley Mata, HR Manager at 408-554-6990 smmata@scu.edu with any questions.



Employee Emergency Loan Application

Name: _____ Date: _____

Employee ID: _____

Date of hire: _____

Loan amount requested: _____

Please check the following reason for needing the loan:

- Health emergencies;
- Transportation emergencies;
- Death or critical illness within immediate family;
- Housing emergencies;
- Child care emergencies.
- Other: _____

I understand that submitting this Employee Emergency Loan Application does not guarantee approval of the loan request. I understand that if, and only if, this loan request is approved I will be given an “Unsecured Note Subject to Acceleration and Paycheck Authorization Deduction” form to review and sign. I further understand that only after the Department of Human Resources receives the “Unsecured Note Subject to Acceleration and Paycheck Authorization Deduction” form, both signed by me, will I receive the emergency loan funds.

Employee Signature: _____ Date: _____

**** For Human Resources to Complete ****

This Employee Emergency Loan Application is approved in the amount of _____

This Employee Emergency Loan Application is denied for the following reason: _____

_____ Date: _____

Human Resources Signature
(AVP, Associate Director, or Benefits Manager)