

***** CONFIDENTIAL *****



**FACULTY-STAFF LOAN FUND
LOAN REQUEST FORM**

Applicant name:

Applicant Banner ID number:

Applicant telephone number:

Department:

Date of this request:

Date of employment:

Amount of loan requested:

(after 12 months of employment – maximum of \$1,000;
after 18 months of employment - maximum of \$1,500;
after 24 months of employment – maximum of \$2,000)

Circumstances:

(explain the circumstances giving rise to this request)

Repayment terms (through payroll deductions):

**One year
Six months
Other**

Approval:

Human Resources Director

AA

Executive Director UNCSA Foundation

Routing:

Applicant should submit this request and supporting documentation to UNCSA Director of Human Resources; if approved the request will be routed to the Executive Director of the UNCSA Foundation. If approved by the Foundation, the process for loan disbursement will be initiated.