



**Classified Application for Hardship Action**

Name \_\_\_\_\_

Title \_\_\_\_\_

Work Location \_\_\_\_\_

Campus Telephone \_\_\_\_\_

Action Requested

Reason for request

Date Submitted \_\_\_\_\_

Employee Signature \_\_\_\_\_

Note: It is recommended the employee retain a copy of this request for their records.

For Office Use Only:

Approved \_\_\_\_\_

Not approved \_\_\_\_\_

**Supervisor Signature** \_\_\_\_\_

Date \_\_\_\_\_

Approved \_\_\_\_\_

Not approved \_\_\_\_\_

**Director for Facilities  
(or designee) Signature** \_\_\_\_\_

Date \_\_\_\_\_

Approved \_\_\_\_\_

Not approved \_\_\_\_\_

**Director of Human Resources  
(or designee) Signature** \_\_\_\_\_

Date \_\_\_\_\_

Reason for disapproval \_\_\_\_\_  
\_\_\_\_\_