



**SHORT TERM EMERGENCY SUPPORT  
REQUEST & ATTESTATION**

**Southern California Wildfire Assistance – 2018**

**Deadline for form submission: 2/28/19**

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Name: \_\_\_\_\_ Date: \_\_\_\_\_  
Employee/Physician #: \_\_\_\_\_  
Job Title: \_\_\_\_\_ Department: \_\_\_\_\_  
Work Location & Medical Center: \_\_\_\_\_  
Home Address: \_\_\_\_\_

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Amount Requested: \$ \_\_\_\_\_ (Up to \$500.00 Net)

**NOTE:** This is reportable income.

This is to certify that I have an immediate need for the following due to the wildfires of November, 2018.

- Food
- Clothes
- Temporary Shelter
- Other (please specify): \_\_\_\_\_

Please attach applicable receipts if available.

I prefer to have the check direct deposited.

I prefer to pick up the check at (check one):

- Local Human Resources Office
- Local Business Office
- Local Associate Medical Director Office (Physicians Only)
- Other (please specify): \_\_\_\_\_

I prefer to have the check mailed to this address:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature

Date

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Scan and Email Employee Request Forms to: [deborah.silverman@kp.org](mailto:deborah.silverman@kp.org), HR Compliance.  
Physicians may contact Permanente Human Resources Shared Services at 1-877-608-0044 to initiate a Short-Term Emergency Support request.