

# Andrews University

## THE CARING CONNECTION

### BYLAWS

Revised November 14, 2018

#### I. PURPOSE

The Caring Connection program is to provide employees with financial, personal and/or household assistance in times of extreme crisis. This program may not have a direct bearing on the employer funded assistance program or the Employer Health Plan, but will provide supplemental assistance beyond those programs to employees with urgent needs. The program is completely voluntary and no contributions are made by the University. Contributions can be made through payroll deduction or online donation.

#### II. ELIGIBILITY

This Employee Assistance applies to Andrews University employees = Half-Time, Part-Time and Full-Time.

#### III. EMPLOYEE ASSISTANCE FUND

Andrews University employees have established the Caring Connection employee assistance program funded to help fellow employees in times of extreme financial or personal crisis through voluntary contributions. The Caring Connection Committee will direct the fund. All requests for assistance will be received by the Caring Connection Chairperson and the Human Resources Benefits Coordinator, who will subsequently refer the requests to the Committee for consideration. Decisions regarding the use of the funds will be based solely on demonstrated need.

#### IV. SERVICES PROVIDED

- Types of assistance will include but is not limited to financial, personal, or household.
- Loss of immediate family member: employees may receive assistance as requested regarding a memorial service/funeral.
- Employees in financial need may be provided gift card or check written to a third party.
- Financial assistance will only be considered after the employee has exhausted all other resources.

## V. PROCEDURE

- A. Employees needing assistance may apply directly to the fund, or they may talk with their department leader, supervisor, or a Caring Connection Committee member.
- B. Request forms will be available through the Caring Connection Webpage, department leaders or supervisors, and Committee members, as well as the Human Resources website.
- C. All requests are confidential and only Committee members will be aware of any request.
- D. An employee, department leader, supervisor, or Committee member may submit assistance requests. The Human Resources Benefits Coordinator will contact the employee if a request is received on their behalf to confirm the employee's wishes to request assistance prior to a vote of the committee. If an employee is unable to request consent to receive Caring Connection Assistance due to a medical condition, or if the request is coming as a result of an employee death, therefore eliminating the ability to receive consent for assistance, a decision to grant assistance will be made by majority vote of the committee.

## VI. COMMITTEE GUIDELINES

- A. The Caring Connection will consist of ten (10) members. There will always be one permanent member of the committee represented by the Human Resources Benefit Coordinator. At the time of membership renewal, the current Committee will make nominations for the remaining five (5) members and alternate. Mid-year vacancies will be filled by the same procedure.
- B. The committee shall nominate a president, secretary and treasurer.
- C. Seven members of the Committee constitute a quorum.

D. The Committee will meet at least twice per year to discuss current resources, fund-raising plans, and publicity/promotion. In addition, the chairperson will be responsible for calling meetings as necessary to respond to specific requests.

E. An annual report will be provided on the Caring Connection website.

## VII. REQUEST FOR ASSISTANCE FORM

The Request for Employee Assistance form will ask the following (see attached sample):

- A. A description of the nature of the crisis.
- B. The number of family members affected.
- C. Type of assistance requested (personal, financial, or household).
- D. The amount of money necessary to meet the immediate need.
- E. When the funds are needed.
- F. Third party to whom the check/gift card is to be issued, if applicable.  
(Check should be made out to third party not employee. Example: utility company, Meijer's gift card.)

## VIII. FUNDING

Employee donation may be made by the following methods (see attached donor form):

- A. Payroll deductions
- B. Check
- C. Online donation

The Caring Connection Fund is held in a restricted account that may only be accessed to fund employee approved requests for assistance.



## THE CARING CONNECTION DONOR/VOLUNTEER SIGN UP SHEET

Name \_\_\_\_\_

Ext.: \_\_\_\_\_

Department \_\_\_\_\_

Home Phone: \_\_\_\_\_

**Financial Contribution: Various ministries included but not limited to Financial Contributions or volunteering.**

**1. Meals**

Prepare Meals \_\_\_\_\_

Deliver Meals \_\_\_\_\_

**2. Domestic Chores**

Household Tasks \_\_\_\_\_

Yard Work \_\_\_\_\_

**3. Transportation**

\_\_\_\_\_ Area in which you reside: \_\_\_\_\_

**4. Childcare Services**

Babysitting \_\_\_\_\_

**5. Medical Assistance**

Donate Blood \_\_\_\_\_

**6. Other Assistance I Can Provide:**

---

---

---



**THE CARING CONNECTION  
REQUEST FOR EMPLOYEE ASSISTANCE**

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Please describe the nature of your need:

---

---

---

Number of Dependents (As indicated on your tax filing): \_\_\_\_\_

Type of Assistance Requested:

Financial ☐

Requested Amount: \$ \_\_\_\_\_

Household ☐ Transportation ☐ Other: \_\_\_\_\_ ☐

Date Needed: \_\_\_\_\_

Checks Made Payable to (Landlord, Utility Company, Store): \_\_\_\_\_

Intended Use of Assistance:

---

---

---

Signature:

---

Please return completed form to the Benefits Office or a Caring Connection Committee Member. Payments will be issued from the Accounts Payable Office to the third party requested. Please note payments may not be made direct to an employee and cash equivalents are not permitted (Gift cards).



**THE CARING CONNECTION  
PAYROLL DEDUCTION**

Name: \_\_\_\_\_

Date: \_\_\_\_\_

Amount per Pay Period: \_\_\_\_\_

Starting Pay Period: \_\_\_\_\_

One time donation amount: \_\_\_\_\_

Signature: \_\_\_\_\_

Please return completed form to the Benefits Office, or a Caring Connection Committee member.