TORRID

Employee Emergency Fund
EEF Assistance Request Form

Please complete this form to be considered for an EEF distribution. Return the completed form to Human Resources at TDemployeerelations@torrid.com .

Employee Information

Employee Name:		**Employee #:**	**Phone Number:**	**Hire Date:**
Position:	**Store or Location:**	**Dist or Dept:**	**Reg:**	**Supervisor:**

Reason for Request (please include details that explain the circumstances related to the natural disaster or catastrophic emergency that is affecting the employee).		
Amount Requested:	**Employee Signature:**	**Date completed:**

Section below section to be completed by EEF Committee:

Approved: ☐ **Yes** ☐ **No**	**Approved by:**	**Amount Approved:**	**Payment method:** **Payment Date:**