

**Short Term Emergency Support:**

**ACCOMMODATION request and Attestation**

# **SCAL Brush Fires – September 2024**

**Deadline for form submission: 12/10/24**

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

NUID: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Job Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Department: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Work Location & Medical Center: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Personal Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact phone number(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Complete Home Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Amount Requested: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (maximum of 5 nights, up to $250/night for the cost of a business providing lodging such as hotel room(s), AirBnB, or BnB accommodations)

**NOTE:** This is reportable income.

This is to certify that I have an immediate need from a business providing lodging due to the Bridge, Line, or Airport Brush Fires of September 2024 due to:

* Owned or rented primary residence being destroyed or declared uninhabitable
* Being mandatorily evacuated
* Having a recommendation of evacuation

Please attach receipts as proof of payment (Note: reimbursement for room, tax, internet, pets, and parking only; does not include room service).

Check will be direct deposited unless direct deposit is not set up. If direct deposit is not set up, complete below:

* No direct deposit - Check to be mailed to this address:

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Signature Date

### **Scan/photo and Email Employee Request Forms to:** **scalhrconnect@kp.org****.**

**Scan/photo and Email Physician and Administrative Leader Request Forms to:** **PHRSharedServices@kp.org****.**