**Faculty Request for Emergency Funds**

*Please send this to: seas.facultyaffairs@yale.edu*

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| Faculty name: | | | |
| Department: | | | |
| Time period of funding gap:       to | | | |
| Funding request: total $ $0.00 | | | |
| Graduate student: $0.00 | Staff: $0.00 | Equipment: $0.00 | Other: $0.00 |
| Justification: | | | |
| Recovery mechanism:  (*check if there is a recovery mechanism*) | | | |
| Explanation of recovery mechanism (if any): | | | |
| Impact if denied: | | | |
| Faculty signature: | | | |

*Department chair section*

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| Department Chair statement: |
| Department Chair Recommendation: |
| Department Chair signature: |