**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: |