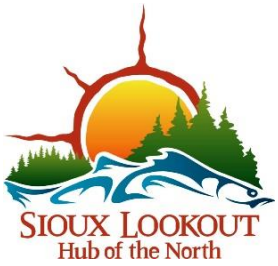
Compassionate Donations

	The Municipality of Sioux Lookout Human Resources Policy

Section:			
Policy No:	2026-HR-12	**Date:**	June 1, 2026
Approved by:	CAO	**Repeal:**	

Purpose

The purpose of this policy is to establish a framework for employees to request financial assistance from their co-workers for compassionate reasons while ensuring transparency, fairness, and privacy in the process.

Policy Statement

The Corporation of the Municipality of Sioux Lookout "the Municipality" is committed to fostering a caring and supportive work community where employees can come together during times of need. We understand that life's challenges may lead to unexpected financial hardships for our team members. As part of our dedication to this supportive ethos, this policy allows employees to request financial assistance from their co-workers for compassionate reasons.

Scope

This policy shall apply to all full-time, part-time, or casual employees. Financial requests must be for unforeseen and exceptional circumstances, such as serious illness or injury, natural disaster, loss of home due to fire, death of an immediate family member, or other extraordinary events.

This policy shall be reviewed every five (5) years from the date it becomes effective.

General Provision

Application Process

For any questions or further clarification regarding this policy, employees are encouraged to contact the Human Resources Department.

Employees seeking financial assistance for compassionate reasons must submit a formal application to the Human Resources Department.

The application must include the following information:

- A detailed explanation of the compassionate situation that necessitates financial assistance
- Relevant supporting documents, such as reports or other evidence validating the need for assistance
- An itemized breakdown of the required financial assistance, including the purpose and estimated costs
- Confirmation that the employee has explored other potential sources of assistance, such as insurance claims or government benefits, and the extent those options have been utilized

Review and Decision

The Human Resources Department will review all compassionate financial assistance applications in a confidential and sensitive manner.

Following a review, completed applications and relevant supporting documents will be forwarded to the Chief Administrative Officer (CAO) to assess the validity and determine the appropriateness of the financial assistance sought.

If the application is deemed valid, the Human Resources Department will proceed with seeking voluntary financial contributions from interested co-workers.

For the sake of transparency, voluntary financial contributions requests will include the following information:

- Name and department of employee making the request
- General nature of request, without disclosing sensitive information
- A method and deadline for collection of contributions

If an application is deemed invalid, no voluntary financial contributions will be requested and the Human Resources Department will contact the requesting employee to inform them of the decision in writing.

Disbursement of Funds

Once the contribution deadline has passed, the funds will discreetly be disbursed to the requesting employee.

Union Members

Union members may be able to request assistance through their local and should contact a member of the executive for more details.

COMPASSIONATE DONATION REQUEST FORM

CONFIDENTIAL — HUMAN RESOURCES / EMPLOYEE ASSISTANCE

Employee Full Name | **Department / Job Title** | **Date of Request**

Employee ID / Payroll # | **Direct Supervisor / Manager**

Employee Contact Phone | **Employee Contact Email**

1. Explanation of Compassionate Situation

Nature / Type of Situation:

Detailed Description — Describe the circumstances, how the situation arose, who is affected, and why financial assistance is necessary:

Date Situation Began: | **Person(s) Affected (relationship to employee):**

2. Supporting Documentation

Check all documents attached to this request:

- ☐ Medical report / diagnosis letter
- ☐ Doctor or specialist statement
- ☐ Hospital invoice or estimate
- ☐ Police or incident report
- ☐ Death certificate / obituary
- ☐ Legal document / court order
- ☐ Insurance denial letter
- ☐ Utility / eviction / foreclosure notice
- ☐ Government benefit decision letter
- ☐ Other (describe below)

Additional document details or descriptions:

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3. Itemized Breakdown of Financial Assistance Required

List each expense item separately. Attach quotes or invoices where available.

Purpose / Description	Payable To / Vendor	Est. Cost ($)
TOTAL AMOUNT REQUESTED:		

4. Other Sources of Assistance Explored

Confirm which options have been investigated (check all that apply):

☐ Personal / group health insurance claim

☐ Disability insurance claim

☐ Life insurance claim

☐ Employment Insurance (EI) / Unemployment benefit

☐ Provincial / territorial government assistance

☐ Federal government benefit or grant

☐ Community or non-profit organization

☐ Personal savings / family support

☐ None available — see explanation below

☐ Other (describe below)

Describe the outcome of each option explored (amounts received, denied, pending, or not applicable):

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5. Employee Declaration & Signature

I declare that the information provided in this form is accurate and complete to the best of my knowledge. I understand that this request will be reviewed in confidence, and that any assistance provided is at the discretion of the organization.

Employee Signature: **Date:**

FOR OFFICE USE ONLY

Received by (HR Representative): **Date Received:**

Amount Approved ($): **Date of Decision:**

Decision Notes / Conditions:

Authorized Signature: **Date:**