



## Operation Starfish – Employee Submission Form

If you've found an individual, organization, or cause in need of assistance that you'd like to nominate, please complete this form and submit it to your designated Operation Starfish Committee.

### SECTION 1: EMPLOYEE INFORMATION

Full Name: \_\_\_\_\_

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

Phone Number: \_\_\_\_\_

Department: \_\_\_\_\_

Office Location (if applicable): \_\_\_\_\_

### SECTION 2: SUBMISSION DETAILS

Name of Organization or Individual in Need: \_\_\_\_\_

Type of Need (check all that apply)

- |  |   |
|--|---|
| • <input type="checkbox"/> Small Emergency | • <input type="checkbox"/> Food/Shelter |
| • <input type="checkbox"/> Educational     | • <input type="checkbox"/> Medical      |
| • <input type="checkbox"/> Disaster Relief | • <input type="checkbox"/> Other: _____ |

Description of Cause or Case:

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How did you learn about this cause or individual?

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### SECTION 3: FUNDING LOGISTICS

Is the donation for a one-time need or ongoing support?

☐ One-time      ☐ Ongoing

Estimated Donation Amount Requested: \$ \_\_\_\_\_

Who should receive the funds?

☐ Employee for reimbursement      ☐ Vendor/Organization directly

Is pre-funding required due to lack of personal funds or the ability to be reimbursed?

☐ Yes      ☐ No

If yes, provide vendor or organization name and contact info:

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#### **SECTION 4: PROOF & DOCUMENTATION (To Be Uploaded Later)**

After approval and completion of the donation, send the following to your Operation Starfish committee via email.

- Receipt or proof of purchase
- Images or a short video showing the impact or use of donation
- Any additional supporting documentation

#### **SECTION 5: CONFIRMATION & SIGN-OFF**

☐ I affirm that all the information provided in this form is accurate to the best of my knowledge.

☐ I understand that our Operation Starfish Committee will review and verify this request prior to releasing any funds.

Employee Signature (Typed): \_\_\_\_\_

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

#### **SECTION 6: COMMITTEE APPROVAL**

Must be completed prior to submission to Operation Starfish

Committee Chair Name: \_\_\_\_\_

Committee Members: \_\_\_\_\_

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Date of Committee Approval (MM/DD/YYYY): \_\_\_\_\_

Committee Chair Signature: \_\_\_\_\_

#### **SECTION 7: OPERATION STARFISH HQ APPROVAL**

☐ Date Approved: \_\_\_\_\_ ☐ Date Denied: \_\_\_\_\_

Additional Notes:

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