



COMMUNITY SERVICE REQUEST FORM

Employee name: _____ Title: _____

Department: _____ Supervisor: _____

Definitions:
Employee categories are defined in Policy 503.05, Employment Categories and Classifications.
Community Service Organization: A non-profit, non-partisan community organization which is designated as an IRS Code 501(c) (3) agency, or a human service organization licensed or accredited to serve citizens with special needs including children, youth, and the elderly.

Please Enter Name of Community Service Organization: _____

Please Choose One Option and Complete the table below:

[] One Time Request

[] Multiple Request

Table with 9 columns: Day, MM/DD/YY, Start & Stop Times, Day, MM/DD/YY, Start & Stop Times, Day, MM/DD/YY, Start & Stop Times. Rows include Mon-Sun and TOTAL HOURS.

Total request cannot exceed 24 hours for Fiscal Year

ADDITIONAL COMMENTS REGARDING REQUEST: _____

Employee Signature: _____ Date: _____

Approvals required by all Supervisors up to and including the Senior Administrator of the division.

[] Approved

[] Denied

Immediate Supervisor Signature: _____ Date _____

Next-Level Supervisor Signature: _____ Date _____

Senior Administrator: _____ Date _____

Administrative Use Only