

DREW UNIVERSITY
Staff Volunteer Service Leave Form

Please Note: Staff are encouraged to read the Volunteer Service Leave Policy (available on the HR Intranet site) before completing this form. Forms must be discussed and approved by your supervisor at least two weeks in advance of the requested leave.

Employee Name: _____ Dept: _____

Ext: _____ Email: _____

Date(s) Leave Requested: _____ No. of hours: _____

Project Name: _____

Please describe your volunteer activity, including the event name, location, sponsoring agency and its phone number:

Employee Signature _____ Date _____

Supervisor Approval _____ Date _____

HR Approval _____ Date _____

VOLUNTEER ORGANIZATION CERTIFICATION

This is to certify that _____ participated in Volunteer
Employee Name

Service Leave on _____ from _____ o'clock to _____ o'clock.
Date

Organization _____

Organization Official _____
Name Title

Signature Date