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 Service Leave on _________________________ from ________ o’clock to _______ o’clock.

Organization  _______________________________________________________________

Organization Official  ____________________________   ___________________________
Name       Title
____________________________   ___________________________
Signature    Date