



Employee Volunteer Program Approval Form

Employee name: _____ Employee ID: _____

Campus department: _____

Date of service: _____ ½ day 1 day

Signature of employee: _____ Date: _____

Approved by: _____ Date: _____

Department Head

Volunteer Organization: _____

I verify that the above information is correct and that the employee did not receive any compensation for their efforts.

For processing in Human Resources:

Signature: _____ Date: _____

Printed Name: _____

Title: _____ Phone: _____