



COMMUNITY SERVICE LEAVE FORM

Name of Employee Requesting Leave: _____

Date of Requested Leave _____ from _____ am/pm to _____ am/pm

Type of Leave Requested (Please Check One):

1. ____ Child Involvement and School Volunteerism Name of School: _____

Give a brief description of the activity attending: _____

2. ____ Community Service Organization Volunteerism Name of Organization: _____

Give a brief description of the activity attending: _____

3. ____ Tutoring and Mentoring in a North Carolina School :

Name of School: _____

Please note that if option C is selected, the employee cannot request leave for options A or B until the next calendar year. Additionally, option C requires the existence of a joint agreement between the university and the respective school.

ORGANIZATION CERTIFICATION

This is to certify that _____

(Employee Name)

Participated in Community Service Leave from

_____ am/pm until _____ am/pm

_____.

(Today's Date)

Completed ____ Hours of Community Service.

Signature of Agency Representative & Phone Number

Employee Signature: _____

Date: _____

Supervisor Signature: _____

Date: _____

Date Form Received in Human Resources: _____

Total Hours Approved: _____

Human Resources Representative Signature: _____

Human Resource Approved on 04/12/24