Volunteer Time Off

Request Form

Employee Name				
Employee Department			Department Phone #	
Organization Name			Organization Phone #	
Organization Address				
Complete dates/time	es below for requested time	e off.		
Dates	Times	Total # of Hours	S Purpose/Event	
1				
	TOTAL # OF HOURS			
I will be volunteering as pa	rt of a group with other Gettysburg	College employees:	Yes No	
If yes, this group activity was organized by:				
, 6 ap access,				
Why is this volunteer experience important to you? How does it help the organization/community?				
** Any injury resulting from this volunteer experience must be immediately reported to the Human Resources Office.				
	·····			
Employee Signature	Date	Supe	ervisor Signature	Date

Supervisors should keep a copy for their records and send original to Human Resources, box 2443.