

Volunteer Leave Request Form

Pre-Approval

(to be completed PRIOR to volunteering)

Employee Name	
Employee Title	
Division/ Location	
Manager Name	

Details of requested Volunteer Leave:

DATE	TIME	TOTAL # HOURS REQUESTED	COMMUNITY ORGANIZATION NAME (include website/URL address and location of event)

I will be volunteering as part of a group with other CTM employees. YES _____ NO _____

Describe the volunteer work you will be doing and why this experience is important to you.

*Any injury resulting from this volunteer experience must be immediately reported to HR.

Employee Signature/Date

Manager Signature/ Date

Human Resources Signature/ Date

President, CTM Signature/Date

Volunteer Confirmation

(to be completed by a designated volunteer organization representative, following your participation in the volunteer event or activity)

This confirms that _____ volunteered _____ hours of his/her time to volunteer at our community organization on _____.

Name/ Title _____ Organization _____

Signature _____ Date _____

****Please return form to HR when "Volunteer Confirmation" is completed****