



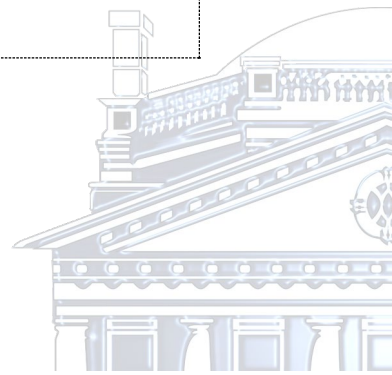
VOLUNTEER PAID TIME OFF (VPTO) REQUEST FORM

Employee Information	
Name	
Department	
Position	
Employee ID	

Volunteer Activity Details	
Date(s) of Planned Volunteer Activity	
Non-Profit Organization EIN (if known)	
Contact at Organization (Name, Phone, email)	
Address of Organization	

Description of Volunteer Work
Please provide a brief description of what the volunteer work will involve.

Justification for Selection of Organization
Why have you chosen this organization?





Supervisor and Departmental Approval

Immediate Supervisor Name: _____

Signature: _____

Date: _____

I understand that my VPTO is contingent upon the approval of my supervisor and the HR department and must comply with the company's VPTO policy. I commit to completing the Post Volunteer Verification Form upon completing my volunteer activity.

Employee Signature: _____

Date: _____

For Office Use Only			
Received By			
Date			
Approval Status	Approved	<input type="checkbox"/>	Not Approved <input type="checkbox"/>
Comments			

