



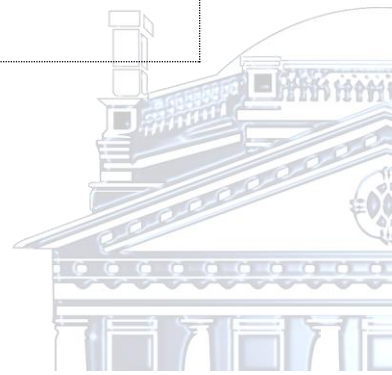
## POST VOLUNTEER VERIFICATION FORM

Employee Information	
Name	
Department	
Position	
Employee ID	

Volunteer Activity Details	
Date(s) of Volunteer Activity	
Total Hours Volunteered	
Name of Non-Profit Organization	
Non-Profit Organization EIN (if known)	

Description of Volunteer Work
Please provide a brief description of the volunteer activities performed.

Non-Profit Organization Verification	
Organization Representative Name	
Position	
Contact Information (Phone/Email)	





Representative Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*Employee Acknowledgment: I certify that the above information is accurate and that the volunteer work was performed following the company's VPTO policy.*

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*As stipulated in the VPTO policy, this form should be submitted to the Human Resources department upon completion of the volunteer activity.*

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

