

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: _____

For Office Use Only:

- Received by: _____
- Date Received: _____
- Approval Status: Approved Not Approved
- Comments:

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