

# Volunteer Paid Time Off (VPTO) Request Form

## Employee Information:

- Name: \_\_\_\_\_
- Department: \_\_\_\_\_
- Position: \_\_\_\_\_
- Employee ID: \_\_\_\_\_

## Volunteer Activity Information:

- Name of Non-Profit Organization: \_\_\_\_\_
- Non-Profit Organization EIN (if known): \_\_\_\_\_
- Contact at Organization (Name and Phone/Email): \_\_\_\_\_
- Address of Organization: \_\_\_\_\_

## Volunteer Activity Details:

- Date(s) of Planned Volunteer Activity: \_\_\_\_\_
- Total Hours Requesting: \_\_\_\_\_
- Description of Volunteer Activities:
  - 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: \_\_\_\_\_
- Approval Signature: \_\_\_\_\_
- Date: \_\_\_\_\_

## HR Department Use:

- Approval Status:  Approved  Not Approved
- Approved by: \_\_\_\_\_
- Date: \_\_\_\_\_
- Comments:

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**Employee Acknowledgment:** 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:** \_\_\_\_\_
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