

University of the Pacific
Volunteer Community Service Request Form

Employee Name: _____ **ID Number:** _____

Department: _____ **Extension:** _____

E-mail: _____

Supervisor Name: _____ **Supervisor Extension:** _____

Volunteer Opportunity Description (include name of organization, contact name, and phone number)

Request volunteer time off on the following dates & times

Total number of hours requested

Employee Signature Date

Supervisor Signature Date

Human Resources Approval

Director, Human Resources Date

After volunteer event is completed

Name of Designated Leader of Charitable Event (print only) Contact number

My signature verifies the above volunteer has met the service requirements.

Signature of Designated Leader of Charitable Event Date

Submit a copy with the appropriate timesheet/time record form to Payroll.