

COMMUNITY SERVICE LEAVE REQUEST FORM

Date of Request: _____

Name: _____

Position: _____

Box #: _____

Phone #: _____

Department: _____

Supervisor: _____

Agency Name: _____

Agency Address: _____

Contact Person: _____

Phone #: _____

Dates of Service: ___/___/___ to ___/___/___

Description of Community Service Activity:

Signature of Employee: _____

Signature of Employee's
Supervisor: _____

Signature of Director
Of MOVE: _____

Signature of Director
Of Human Resources _____