University of South Alabama
EMPLOYEE COMMUNITY VOLUNTEER PROGRAM
For Eligible Regular FULL-TIME (1.0 FTE) Faculty, Staff and Administrators

APPROVAL FORM AND CERTIFICATION OF ADMINISTRATIVE LEAVE TO VOLUNTEER

EMPLOYEE NAME:_____ **JNUMBER:**_____

REQUESTED VOLUNTEER LEAVE DATE and TIME: _____

United Way Partner Agency (Name and Address): _____

_____

Employee Signature **Employee Name Print** **Date**

_____

Supervisor Signature **Supervisor Name Print** **Date**

Employee: In signing this form I acknowledge that I have read and understand the Community Volunteer Program Policy Guidelines found at http://www.southalabama.edu/departments/communityengagement/index.html which is the USA Office of Community Engagement website. I understand that while volunteering as part of the program I **will not** perform duties for, or work on behalf of the University of South Alabama.

- I will donate my own time, free of charge, at no cost to the agency where I serve.
- For the purposes of this leave, I will provide volunteer services for the organization for a period of time not to exceed eight (8) hours per the defined fiscal year period.
- As a volunteer, I am not authorized to operate University vehicles or use University equipment.
- In consideration of the University of South Alabama allowing me to participate in this program, I agree to assume all of the risks and responsibilities surrounding my participation in such activity.
- **Supervisor**: Refer to the Guidelines on the Office of Community Engagement website at http://www.southalabama.edu/departments/communityengagement/index.html if you have questions. It is important to note the following:
    - Regular, full-time (1.0 FTE) benefits-eligible faculty, staff and administrative employees, in good standing, with one year or more of current service, may request approval to participate in this program. Participants must have prior written supervisory approval (as designated by signing this form or through attaching a print out of an email approval).
    - Supervisors may postpone or decline requests due to operational needs or job performance reasons.
    - Employees are *not* required to participate. Participation does not affect job performance evaluations.

ORGANIZATION CERTIFICATION

This is to certify that_____**served as a Volunteer at our**

agency on the following date: _____**at the following times**_____

_____

Name of Organization Official **Signature** **Date**

(***Electronic approval completed by the partner agency through the SOUTH SERVES system can be printed and attached or emailed in lieu of a signature from agency.***)