



Quarterly Charitable Time-off
Request Form



Please submit this form for approval at least two weeks in advance of the event date.

Employee Name: _____ Employee Number: _____

Employee Project Number / Department Name: _____

Organization Name: _____

Event Name: _____

Event Date Requested: ____/____/____ Time Slot Requested: _____

Amount of Charitable Time Off:

☐ Full Time Employee – 4 hours

☐ Part Time Employee – 2 hours

Signature of Employee Date _____

Approval:

Employee's Supervisor Date _____

Organization Representative Date _____

- Once all signatures have been obtained, form is to be returned to approving supervisor.
- Completed charitable time off request forms must be submitted with corresponding time sheet.
- Please contact payroll with any additional questions.