SERV Program Leave Request Form

Type of volunteer service to be provided (check one):

__ Mentoring     __ School Volunteer
__ Foster Care   __ Community Service Leave

Type of organization (Circle)
Mentoring (MA): Tutoring, Site-based, Community-based

School Volunteer: Public School (MA), Charter School (MA)

Foster Care: (MA)

Community Service Leave (MA):
Education, Environment, Health, Human Services, Public Safety

Employee ID: __________________________
Employee: _____________________________Telephone #: _____________

Official Job Title: _________________________________________________
Agency: ___________________________________________________________
Work Address: _______________________________________________________
Program Name: _______________________________________________________  
Address: ___________________________________________________________

Program Liaison: ___________________ Telephone #: ________________

Description of specific volunteer service to be provided: ________________
__________________________________________________________________
__________________________________________________________________
__________________________________________________________________

Goal of volunteer service: __________________________________________
__________________________________________________________________
__________________________________________________________________
PROPOSED VOLUNTEER SCHEDULE
One request must be submitted for all activities within a calendar month

Day(s) of Week: __________________ (Hours) From: _________ To: _________
Specific Date(s)

I verify that if approved to participate in the SERV Program, I will follow all guidelines and regulations of HRD, my agency and the program or school in which I volunteer.

Employee Signature: ____________________________ Date: __________

SUPERVISOR REVIEW

Request approved: ____________  Request denied: ____________
Reason for denial:
employee not eligible
nonprofit not eligible/not approved
volunteer activity not acceptable
insufficient notice (less than 30 days)
operational needs of the agency
Other (describe) ____________________________
Supervisor Signature ______________________ Date ___________

AGENCY HEAD/DESIGNEE REVIEW

Request approved: ____________  Request denied: ____________
Comments: ________________________________________________
________________________________________________________________
________________________________________________________________
Agency Head/Designee Signature ______________________ Date ___________

NOTE: This form should be kept on file in the Agency Human Resources Office.