

State
Employees
Responding as
Volunteers Program

COMMONWEALTH OF MASSACHUSETTS
HUMAN RESOURCES DIVISION
SERV PROGRAM FORM
Updated September 2011

SERV Program Leave Request Form

Please use code "VOL" for all SERV time on your timesheet.

Type of organization where you want to volunteer in Massachusetts (Check)

- | | |
|--------------------------|---|
| <input type="checkbox"/> | Public School including Charter Schools |
| <input type="checkbox"/> | Other educational volunteering |
| <input type="checkbox"/> | Youth Mentoring |
| <input type="checkbox"/> | Environment |
| <input type="checkbox"/> | Health |
| <input type="checkbox"/> | Human Services |
| <input type="checkbox"/> | Public Safety |

Your Employee ID:

Your Name:

Your State Agency:

Your Official Job Title:

Work Address:

Work Phone:

SERV Organization Name:

SERV Address:

SERV Program Liaison:

Phone #:

Description of specific volunteer service to be provided: _____

Please share the SERV Guidelines with the volunteer organization prior to your shift:

SERV website: www.mass.gov/serv

SERV Guidelines:

http://www.mass.gov/Eoaf/docs/hrd/policies/leave/serv_guidelines.doc

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PROPOSED VOLUNTEER SCHEDULE

One request must be submitted for all activities within a calendar month.

Specific Date(s):

Day(s) of Week:

Hours From:

To:

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 public school in which I volunteer. I will bring a **SERV Verification Form** with me to my volunteer shift and the volunteer organization will sign the form which I then send to human resources upon my return to the office.

Your Signature: _____ Date: _____

SUPERVISOR REVIEW

Request approved: Request denied:

Reason for denial (check one or more):

- Employee not eligible
- Nonprofit not eligible/not approved
- Volunteer activity not acceptable
- Insufficient notice
- Operational needs of the agency
- Other (describe)

Supervisor Signature: _____ Date: _____

AGENCY HEAD or DESIGNEE REVIEW (usually Human Resources)

Agencies may add more levels of approval if applicable.

Request approved: Request denied:

Comments:

Agency Head/Designee Signature

Date

NOTE: This signed form should be filed in the Agency Human Resources Office.