



Community Service Time Off Request Form and Certificate of Attendance

(Employee Completes Top Portion)

Name: _____

Department/Division: _____

Community Service Time Off Request:

For Supervisors

Request Approved: Yes No Supervisor Signature: _____ Date: _____

For Community Service Agencies

I certify that the Employee Named above completed Community Service with my organization on the dates described in the request.

Hours of Community Service Performed: _____

Signature: _____

Date: _____

Community Service Organizer