



Volunteer Initiative Request Form

Date: _____

EMPLOYEE INFORMATION

Employee Name: _____

Department: _____

Position/Title: _____

Supervisor: _____

ORGANIZATION INFORMATION

Organization: _____

Contact to verify participation (name & title) _____

Tax Id#: _____

501c3 (circle one): YES NO

Address: _____

Phone: (_____) _____ - _____

E-mail Address: _____

Description of Organization

Please describe the purpose of the organization:

Employee's Role in Organization:

Describe how time and hours have been dedicated to the organization within the past 6 months:

Employee Signature:

For Office Use Only:

Employee Participation Verified:

Date: _____ Organization Contact: _____

Contribution APPROVED or DENIED

Reason for Decline: _____

Date Completed: _____ Signature: _____