



**Community Action Month  
Volunteer Paid Time Off Request**

**Part 1 (To be complete by employee)**

Employee Name: \_\_\_\_\_ Extension: \_\_\_\_\_

Department Name: \_\_\_\_\_

Organization/Event Volunteering for:

\_\_\_\_\_

City: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Contact Phone # \_\_\_\_\_

Description of Volunteer Activity:

Date(s) of Volunteer Activity: \_\_\_\_\_ Number of Time-off hours: \_\_\_\_\_ (max of 4)

I hereby state that the information I have provided is complete and correct.

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

**Part 2 (To be completed by supervisor or manager)**

\_\_\_\_\_  
Approval Signature

\_\_\_\_\_  
Date

***Completed form is to be turned into the AEOA Planning Department***