



APPLICATION FOR STAFF VOLUNTEER LEAVE

Employee

Please complete this section and submit the form to your supervisor **at least four weeks prior** to the date of your requested leave. Please use additional paper if necessary.

Name _____ CWID _____ Date of Application _____

Department _____ Title _____ Phone _____

Dates of Requested Leave _____

First Day of Full-Time Employment with University _____

Please describe how you plan to use your time during the leave.

How will the leave benefit those you are serving?

What impact will your absence have on planned projects in your department?

Employee Signature _____ Date _____



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Volunteer Organization

To be completed and signed by Volunteer Organization Contact

I certify that _____ will be volunteering with _____
(Employee Name) (Organization Name)

from _____ to _____.
(Date) (Date)

Contact Name _____
(Please print)

Signature _____ Date _____

Name of Volunteer Organization _____

Tax ID of Volunteer Organization (if applicable) _____

Name of Contact at Organization _____

Title of Contact at Organization _____

Description of Volunteer Organization _____



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Supervisor Approval

Employee is in good standing with the University. (Please Initial) Yes _____ No _____

I approve the above stated leave for this employee. (Please Initial) Yes _____ No _____

Supervisor Name _____ Signature _____ Date _____
(Please print)

Department
Director Name _____ Signature _____ Date _____
(Please print)

Please forward the completed application to Human Resources at benefits@pepperdine.edu

Human Resources Approval

AVP, Human Resources _____ Signature _____ Date _____
(Please print)

Date application received: ___/___/___

Is requested time valid according to years of service? YES or NO

Is leave granted? YES or NO