

**PEPPERDINE UNIVERSITY
APPLICATION FOR STAFF VOLUNTEER LEAVE**

Employee

Please complete this section and submit 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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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 _____

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 _____ Signature _____ Date _____
(Please print)

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)

Chief Human Resources Officer _____ Signature _____ Date _____
(Please print)

Please forward completed form to Human Resources. Mail Code 4397

Human Resources

Date application received ___/___/___
Is requested time valid according to years of service? YES NO Is leave granted? YES NO