



# Volunteer Leave Application

## SECTION I: VOLUNTEER LEAVE INFORMATION

### A. Employee Information

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

Title: \_\_\_\_\_

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

Employee Status:  Full-time  Part-time

### B. Volunteer Organization Information

Volunteer Activity: \_\_\_\_\_

Sponsoring Organization: \_\_\_\_\_

Activity Category:

Education/Job Skills Training/Development

Neighborhood Revitalization

Health and Human Needs

Youth Programs

Arts and Culture

Civic Improvement

### C. Leave Duration Information

Date of requested Volunteer Leave: \_\_\_\_\_

Time absent for Volunteer Activity (include travel time and time at activity):  
\_\_\_\_\_

This is a:

One time request

Weekly request

Day/s of the week: \_\_\_\_\_

Duration: \_\_\_\_\_

Monthly request

Day/s of the month: \_\_\_\_\_

Duration: \_\_\_\_\_

I am requesting an emergency waiver to the 10 day application requirement.

This volunteer opportunity has arisen on an emergency basis due to:  
\_\_\_\_\_

Other information: \_\_\_\_\_

## SECTION II: EMPLOYEE ACKNOWLEDGEMENT

1. I understand the use of Volunteer Leave is voluntary.

2. I understand Volunteer Leave is a privilege, not a right.
3. I understand eligible Volunteer Leave hours will diminish by actual participation in the activity. If a conflict arises and I do not perform the task for which I have received permission, I will not lose that time. I also understand my supervisor will sign my time card on a monthly basis to verify actual hours of Volunteer Leave used.
4. I understand my approved Volunteer Leave may be revoked without notice if an unexpected department emergency occurs which requires my attendance at work, if a performance problem arises, or if issues arise due to my absence that negatively impact the operations of my department.
5. I understand Volunteer Leave hours will be excluded from the calculation of hours for overtime or compensatory time compensation and will not be paid out upon termination from employment with Columbia Gorge Community College, transfer from one fiscal year to the next, or transfer to other employees.
6. I understand that during my travel to and from the volunteer activity, and the volunteer activity itself, I will not be covered by the College's worker's compensation policy. I also understand I will not be reimbursed for mileage.
7. The non-profit organization for which I am volunteering will not provide me with any form of compensation for my volunteer activity.

I have reviewed the Volunteer Leave Administrative Procedure and understand the information, including the limits and regulations outlined in the Volunteer Leave Administrative Procedure and Volunteer Leave Application Form Instructions.

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Employee Signature

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Date

### SECTION III: VOLUNTEER LEAVE APPROVAL

The above noted request for Volunteer Leave has been:  Approved  Denied

If application for Volunteer Leave has been denied, please explain: [Click here to enter text.](#)

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Approval Signature

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Date