



Optional Employee Volunteer Program Volunteer Time Request Form

To request time off, please get approval from your supervisor **at least two weeks in advance** of the requested time and send a copy of this completed form to HR@edadvance.org or mail it to Human Resources, EdAdvance, 355 Goshen Road, Litchfield, CT 06790. When you receive an email acknowledgment from HR, please request the time off in ESS. Once your volunteer work is done, re-submit the completed form to HR.

Employee Name: _____ Date: _____

Department: _____ Email: _____

Supervisor/Director Name: _____

Supervisor/Director Approval Signature: _____

Volunteer Date 1: _____ Time of Volunteer Work: _____

Volunteer Date 2 (if applicable): _____ Time of Volunteer Work (if applicable): _____

Name of the organization you are volunteering with: _____

Name of Organization Contact: _____

Please describe your volunteer duties and the impact you hope to make _____

To be completed after you volunteer

Name of organization you helped: _____

Date: _____ Volunteer Hours: _____

How did you help the organization? _____

Name of Organization Contact: _____

Signature of Organization Contact: _____

Date: _____