**STATE EMPLOYEES RESPONDING AS VOLUNTEERS (SERV)**

**LEAVE REQUEST FORM**

***Please use code “VOL” for all SERV time on your timesheet.***

**Type of organization where you want to volunteer in Massachusetts (Check one)**

[ ]  Public School including Charter Schools

##### [ ]  Other educational volunteering

[ ]  Youth Mentoring

##### [ ]  Environment

##### [ ]  Health

##### [ ]  Human Services

##### [ ]  Public Safety

**Your Employee ID:**

**Your Name:**

**Your State Agency:**

**Your Official Job Title:**

**Work Address:**

**Work Phone:**

**SERV Organization Name:**

**SERV Address:**

**SERV Program Liaison:**

**Phone #:**

**Description of specific volunteer service to be provided:**

**PROPOSED VOLUNTEER SCHEDULE**

**One request must be submitted for all activities within a calendar month.**

**Specific Date(s):**

**Day(s) of Week:**

**Hours From:**

**To:**

I verify that if approved to participate in the SERV Program, I will follow all guidelines and regulations of HRD, my agency and the program or public school in which I volunteer. I will bring a SERV Verification Form with me to my volunteer shift and the volunteer organization will sign the form which I then send to human resources upon my return to the office.

**Your Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:**

# SUPERVISOR REVIEW

**Request approved:****[ ]  Request denied:** **[ ]**

**Reason for denial (check one or more):**

**[ ]  Employee not eligible**

**[ ]  Nonprofit not eligible/not approved**

**[ ]  Volunteer activity not acceptable**

**[ ]  Insufficient notice**

**[ ]  Operational needs of the agency**

**[ ]  Other (describe)**

**Supervisor Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:**

**AGENCY HEAD or DESIGNEE REVIEW (usually Human Resources)**

***Agencies may add more levels of approval if applicable.***

**Request approved:** **[ ]  Request denied:** **[ ]**

**Comments:**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Agency Head/Designee Signature Date**

**NOTE: This signed form should be filed in the Agency Human Resources Office.**