**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)**

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:**

**Please share the SERV Guidelines with the volunteer organization prior to your shift:**

**SERV website:** [www.mass.gov/serv](http://www.mass.gov/serv)

**SERV Guidelines:** <http://www.mass.gov/Eoaf/docs/hrd/policies/leave/serv_guidelines.doc>

**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.**