

FAYETTEVILLE STATE UNIVERSITY™

COMMUNITY SERVICE LEAVE FORM

Name of Employee Requesting Leave: _____

Date of Requested Leave _____ from _____ am/pm to _____ am/pm

Type of Leave Requested (Please Check One):

- A. Child Involvement and School Volunteerism
Name of School:
Give brief description of activity attending:
- B. Community Service Organization Volunteerism
Name of Organization:
Give brief description of activity attending:
- C. Tutoring and Mentoring in North Carolina Schools
Name of School:

Please note that if option C is selected, the employee cannot request leave for options A or B until the next calendar year. Additionally, option C requires the existence of a joint agreement between Fayetteville State University and the respective school.

ORGANIZATION CERTIFICATION

This is to certify that _____
(FSU Employee Name)

Participated in Community Service Leave from
_____ am/pm until _____ am/pm

(Today's Date)

Organization Official

Title

Phone Number

Date Employee

Date Supervisor

Date Official HR Representative

Total Hours Approved