

STATE EMPLOYEE COMMUNITY SERVICE LEAVE PROGRAM

REQUEST FOR LEAVE & VERIFICATION OF SERVICES PROVIDED

State Form 49044

Step 1 (request): To be filled out by Employee:

I, (print name) _____, request _____ hours of leave in accordance with EO 22-10 and IC 35-44.1-1-3 to participate in the following:	
Explain activity	Identify organization/entity
On (date) _____ (start time) _____ to (stop time) _____.	
I certify the activity or event for which I provided voluntary service using Community Service Leave did not promote religion or attempt to influence legislation, governmental policy, or elections to public office.	
Signature of Employee*	Date

**My signature certifies I have not utilized more than 7.5 hours (part-time) or 15 hours (full-time) of CSL during this calendar year, including the hours in this request*

Step 2 (agency approval): To be filled out by Employee's Supervisor:

(a) Employee has used _____ hours of Community Service Leave in the current calendar year. (b) Operational needs _____ do / _____ do not allow for this absence. State operational reason:	
Signature of Supervisor	Date
Printed Name & Title of Supervisor	

(To be filled out by agency head or designee)

The above requested leave is _____ approved _____ disapproved If disapproved, list reason:	
Signature of Agency Head / Designee	Date

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VERIFICATION OF SERVICES PROVIDED

Step 3: Verification of Voluntary Service

To be filled out by the authorized representative of a Governmental Entity or charitable §501(c)(3) organization:

I am an authorized representative of
(organization name)

which is *(check appropriate description)*

- a Governmental Entity,
 a public school or charter school established pursuant to IC 20-24, or
 a charitable organization exempt from federal income tax under §501(c)(3) of the Internal Revenue Code.

And I verify (employee's name) _____

performed _____ hours of voluntary service on behalf of the organization on

(date) _____.

Add additional date(s) and hour(s) if applicable:

Signature of Authorized Representative	Printed Name
Title	Telephone # or email address

*Separate forms must be completed by each Governmental Entity or §501(c)(3) organization verifying service