# 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:

<table>
<thead>
<tr>
<th>Explain activity</th>
<th>Identify organization/entity</th>
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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
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:

<table>
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<tr>
<th>Signature of Authorized Representative</th>
<th>Printed Name</th>
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<table>
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<tr>
<th>Title</th>
<th>Telephone # or email address</th>
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*Separate forms must be completed by each Governmental Entity or §501(c)(3) organization verifying service