



PAID VOLUNTEER LEAVE REQUEST FORM - Statewide

DHR-Form #: To be assigned.

Authority: 29 Del. C. Chapter 90D (as applicable), EO 22 (2018), Merit Rule 5.5.3.2

Effective Date: July 25, 2022

Supersedes: N/A

Part 1: Directions

Eligible employees requesting Paid Volunteer Leave must complete this form and submit it to their supervisor for approval with reasonable advance notice of the proposed leave. The decision to approve a request is within the discretion of the supervisor, based upon the business and operational needs of the department. Agency management has the discretion to revoke or cancel a previously approved Paid Volunteer Leave if a business or operation need arises. Following the volunteer service, the employee must provide verification of their service to be in compliance with the Paid Volunteer Leave Policy and Procedures.

Part 2: Employee Information

Employee ID No.: _____ Today's Date: _____

Employee Name: _____

Email: _____ Telephone: _____

Department: _____

Part 2: SECC Participating Charitable Organization Volunteer Event Information

Sponsoring Organization Name: _____

Address of Volunteer Event: _____

Date of Volunteer Event: _____

Part 3: Requested Leave

Leave to volunteer may be taken in increments of one (1) hour at agency discretion.

Requesting a full workday: Yes No

If no, please enter the time you are requesting leave to volunteer: _____

Part 4: Employee Acknowledgment

I certify that I read, understand, and met the eligibility criteria as outlined in the Paid Volunteer Leave Policy and Procedures including having the requested volunteer time available to use.

By using this form, the parties acknowledge their agreement to conduct transactions by electronic means. A party's electronic signature for purpose of the Uniform Electronic Transactions Act, 6 Del. C. Ch. 12A may be provided by checking a box as indicated, electronic initials or name, or email confirmation.

Employee Signature: _____ Date: _____

Part 5: Supervisor Approval Section

Date Received: _____

Paid Leave to Volunteer: Approved Denied

If denied, select one: Business/Operational needs of the department
 Employee does not meet the eligibility requirements
 Employee does not have the requested leave available

Supervisor Signature: _____ Date: _____

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Part 6: SECC Participating Charitable Organization Representative Contact Information

After volunteering, the employee must provide verification of the volunteer service performed by obtaining the signature of a representative of the SECC-participating charitable organization on the Paid Volunteer Leave Request form and return it to their supervisor within five (5) business days after they have volunteered to be considered in compliance for approval of this paid time. The employee must enter this time into their timekeeping system. Failure to comply with the procedures listed in the Paid Volunteer Leave Policy and Procedures may result in a delay in the review of or denial of Paid Volunteer Leave request, and/or appropriate disciplinary action.

Representative Name: _____ Telephone: _____

Representative Title: _____ Email: _____

Representative Signature: _____ Date: _____

By using this form, the parties acknowledge their agreement to conduct transactions by electronic means. A party's electronic signature for purpose of the Uniform Electronic Transactions Act, 6 Del. C. Ch. 12A may be provided by checking a box as indicated, electronic initials or name, or email confirmation.

A copy of the completed Paid Volunteer Form must be sent to the Agency Human Resources office.