

**PAID VOLUNTEER LEAVE REQUEST FORM - Statewide**

**DHR-Form #: DHR-STW-407.1-F**

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

**Effective Date: November 20, 2023**

**Revised Date: November 20, 2023**

**Supersedes: July 25, 2022**

**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 3: Participating Organization Volunteer Event Information**

Sponsoring Organization Name: \_\_\_\_\_

Address of Volunteer Event: \_\_\_\_\_

Date of Volunteer Event: \_\_\_\_\_

**Part 4: 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 5: 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 6: 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 7: Participating Organization Authorized Representative Contact Information**

After volunteering, the employee must provide verification of the volunteer service performed by obtaining the signature of an authorized representative of the participating organization as authorized in the Policy 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: \_\_\_\_\_

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