

APPALACHIAN STATE UNIVERSITY

COMMUNITY SERVICE LEAVE

Employee Name _____ Banner ID _____

Department _____ Organization _____

Beginning Date _____ Ending Date _____

Number of hours requested (not to exceed 24 hours/calendar year) _____

I am requesting Community Service leave for the following reason:

I understand that any community service leave must be recorded on my time sheet and may not exceed 24 hours per calendar year (36 hours for tutoring/mentoring option).

Supervisor Approval _____ Date _____

Employee's Signature _____ Date _____

PLEASE KEEP WITH EMPLOYEE RECORDS AT THE DEPARTMENT

DO NOT SEND TO Human Resource Services