California State University, Fresno
Request for Volunteer Community Service

Month: _____ Year: _____

Fresno State Information:

Name of Volunteer: _____

Position/Title: _____

Office/Department: _____

Supervisor: _____

Description of Volunteer Activity:			
Dates:		Hours:	
Agency:			
Supervisor:			

	Volunteer Hours, This Project	Year to Date
On Work time:		
On Personal time:		

Maximum allowed on work time = 40 annually

Approvals:

1. Dean or Director: _____ Date: _____
2. Human Resources **OR**: _____ Date: _____

   Academic Personnel: _____ Date: _____

Approved forms will be returned to the Dean or Director for coordination with employees and supervisors.

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