

Community Service Leave Usage Request Form

Staff Member Information

Name: _____

Phone Number: _____

Title: _____

Email: _____

Department: _____

Experience Information

Request Date: _____ Request Start Time: _____ Request End Time: _____

Is this service a recurring event? Yes No Total CSL Hours Requested _____

If yes, please describe recurring time commitment: _____

Does this entire experience occur within your normal working hours? Yes No

Where did you find this opportunity? _____

Service Information

Organization Name: _____

Service Location: _____

Service Supervisor/Contact Name: _____

Phone Number: _____

Service Supervisor/Contact Title: _____

Email: _____

Brief Description of Service Tasks/Duties:

By signing below, I understand that this request is subject to approval by my supervisor.

Employee Signature _____

Date _____

Supervisor's Decision

Approve

Deny

WCU Supervisor Signature _____

Date _____