

Agnes Scott College
VOLUNTEER COMMUNITY SERVICE REQUEST

Name _____

I would like to donate _____ hours (maximum of 8 hours/calendar year) to the following charitable organization:

I would like to perform this service on _____ date.

*I understand that I must return the **Volunteer Community Service Verification** form, signed by the organization, to Payroll along with my bi-weekly or monthly time sheet in order to get paid by the College for these hours.*

Employee Signature

Date

Supervisor's Signature-authorizing this request

Date