

# Facilities Operations

APPALACHIAN STATE UNIVERSITY®

## COMMUNITY SERVICE LEAVE FORM

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:**

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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 Name \_\_\_\_\_

Supervisor Signature \_\_\_\_\_ Date \_\_\_\_\_

Employee's Signature \_\_\_\_\_ Date \_\_\_\_\_

**PLEASE KEEP WITH EMPLOYEE RECORDS AT THE DEPARTMENT**

**DO NOT SEND TO Human Resource Services**

Clear Form

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