

**SERV Program Leave Request Form**

Type of volunteer service to be provided (check one):

- Mentoring**                       **School Volunteer**  
 **Foster Care**                       **Community Service Leave**

Type of organization (Circle)

**Mentoring (MA):**    Tutoring                      Site-based                      Community-based

**School Volunteer:**              Public School (MA)              Charter School (MA)

**Foster Care: (MA)**

**Community Service Leave (MA):**

Education    Environment              Health    Human Services    Public Safety

**Employee ID:** \_\_\_\_\_

**Employee:** \_\_\_\_\_ **Telephone #:** \_\_\_\_\_

**Official Job Title:** \_\_\_\_\_

**Agency:** \_\_\_\_\_

**Work Address:** \_\_\_\_\_

**Program Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Program Liaison:** \_\_\_\_\_ **Telephone #:** \_\_\_\_\_

**Description of specific volunteer service to be provided:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Goal of volunteer service:** \_\_\_\_\_

\_\_\_\_\_

State  
Employees  
Responding as  
Volunteers Program

COMMONWEALTH OF MASSACHUSETTS  
HUMAN RESOURCES DIVISION  
SERV PROGRAM  
Updated October 25, 2007

**PROPOSED VOLUNTEER SCHEDULE**

One request must be submitted for all activities within a calendar month

Day(s) of Week: \_\_\_\_\_ (Hours) From: \_\_\_\_\_ To: \_\_\_\_\_  
Specific Date(s)

I verify that if approved to participate in the SERV Program, I will follow all guidelines and regulations of HRD, my agency and the program or school in which I volunteer.

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**SUPERVISOR REVIEW**

Request approved: \_\_\_\_\_ Request denied: \_\_\_\_\_

Reason for denial:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- employee not eligible
- nonprofit not eligible/not approved
- volunteer activity not acceptable
- insufficient notice (less than 30 days)
- operational needs of the agency
- Other (describe) \_\_\_\_\_

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

**AGENCY HEAD/DESIGNEE REVIEW**

Request approved: \_\_\_\_\_ Request denied: \_\_\_\_\_

Comments: \_\_\_\_\_  
\_\_\_\_\_

Agency Head/Designee Signature \_\_\_\_\_ Date \_\_\_\_\_

NOTE: This form should be kept on file in the Agency Human Resources Office.