



**REQUEST FOR LEAVE AND VERIFICATION OF SERVICES PROVIDED FOR
STATE EMPLOYEE COMMUNITY SERVICE LEAVE PROGRAM**

State Form 49044 (R2 / 4-22)
State Personnel Department

STEP 1 – REQUEST
(To be filled out by Employee)

I, (print name) _____, request _____ hours of leave in accordance with EO 22-10 and IC 35-44.1-1-3 to participate in the following:

Explain activity	Identify organization / entity
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On (date) _____ (start time) _____ to (stop time) _____.

I certify the activity or event for which I provided voluntary service using Community Service Leave did not promote religion or attempt to influence legislation, governmental policy, or elections to public office.

Signature of Employee*	Date
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**My signature certifies I have not utilized more than 7.5 hours (part-time) or 15 hours (full-time) of CSL during this calendar year, including the hours in this request.*

STEP 2 – AGENCY APPROVAL
(To be filled out by the Employee's Supervisor)

(a) Employee has used _____ hours of Community Service Leave in the current calendar year.

(b) Operational needs _____ do / _____ do not allow for this absence.

State operational reason:

Signature of Supervisor	Date
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Printed Name & Title of Supervisor

To be filled out by Agency Head or Designee

The above requested leave is _____ approved _____ disapproved

If disapproved, list reason:

Signature of Agency Head / Designee	Date
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STEP 3 – VERIFICATION OF VOLUNTARY SERVICE

(To be filled out by the authorized representative of a Governmental Entity or charitable §501(c)(3) organization)

I am an authorized representative of (organization name)

which is *(check appropriate description)*

- a Governmental Entity,
- a public school or charter school established pursuant to IC 20-24, or
- a charitable organization exempt from federal income tax under §501(c)(3) of the Internal Revenue Code.

I verify (employee's name) _____ performed _____ hours of voluntary service on behalf of the organization on (date) _____.

Add additional date(s) and hour(s) if applicable:

Signature of Authorized Representative	Printed name
Title	Telephone number or e-mail address

**Separate forms must be completed by each Governmental Entity or §501(c)(3) organization verifying service.*