

Reading Partners Volunteer Participation Request Form

First Name: _____

Last Name: _____

Employee ID Number : _____

Department: _____

Division/Section: _____

Job Title: _____

Work Location/Address: _____

Work Week (Check Days Worked): Sunday Monday Tuesday Wednesday Thursday Friday Saturday

Shift Start Time: _____

Supervisor: _____

Do you work individually or with a crew? Individually Crew

Volunteer Day Requested: Monday Tuesday Wednesday Thursday

Volunteer Time Requested: _____

Requested Volunteer Day/Time Within Normal Work Day and Shift? Yes No

By my signature below, I am requesting to participate in the Reading Partners Initiative and am requesting Paid Volunteer Leave to do so. I understand that the day, time and location for my volunteer assignment will be made by Reading Partners and I must report that information to my supervisor. I agree to comply with all the provisions contained within City of Tulsa PPPM 318.1. Failure to comply with this Policy may be grounds for revocation of any approvals in effect and possible discipline, up to and including dismissal.

Employee Signature (First and Last Name)

DEPARTMENT USE ONLY

Division/Section Reviewed by: _____

Recommendation Approve Deny

Additional Information: _____

Department Head Reviewed by: _____

Recommendation Approve Deny

Additional Information: _____
