



Volunteer Time Off (VTO) Request Form

Employee Name:	
Community Organization Name:	
Nature of organization or event:	
Date/Hours Requested:	
Specific service you will be providing:	

This is to acknowledge that I desire to volunteer my services performing duties listed above and that these services rendered by me will be solely at the direction of the organization listed above. I represent that I will not receive any monetary or other compensation by the organization for my time, although I may accept meals provided during my performance of services.

I understand that I am not acting in the course and scope of my employment while utilizing VTO and I agree that I will not be acting as an agent or representative of Upper Iowa University while engaged in activities eligible for VTO. I agree to hold Upper Iowa University harmless in the event of any injury or other loss occurring while engaged in any activity for which I am receiving VTO. I further understand and agree that Upper Iowa University retains the sole discretion to approve or deny my request for VTO.

Employee/Volunteer Signature

Date

Supervisor Signature

Date

Submit to Human Resources when approved.