

Service Day Off Request Form

Employee's Name: _____ UIN: _____

Today's Date: _____ Date for Requested Time-Off: _____

Please mark "X" with the designated time frame that is going to be used. (The day off may not be broken up any other way)

___(2) Four Hour Increments ___(1) Eight Hour Day

Requirements:

- Employee must wear WTAMU shirt, hat or both during the day off.
- Employee will enter time as "Other emergencies" in Workday. Service day will be the explanation.
- Day off must be approved by Direct Supervisor at least one week in advance of the day off.

Supervisor's Signature: _____ Date: _____

To be completed on the day of service

Name of Service Organization: _____

Service Being Done: _____

Printed Name of Organization Representative: _____

Signature of Organization Representative: _____

Date: _____

Representative/Organization Contact Number: _____

Representative/Organization Contact Email: _____

Comments/Concerns: _____

***Employee must print form and have it filled out and returned to HR within one week of the day off. It must be signed by a representative from the organization. It cannot be signed by a fellow WTAMU employee.**