

**Human Resources Signature** 

## Monroe County Community Service Hours Request Form

Employee Reques	sting Approval Information			
Last Name		First Name		
Position		Department		
Date of Service		# of Hours		
Hours		Requested		
Name of Organization Participating				
Please provide a	general summary of the duties b	peing performed		
<b>Employee Acknow</b>	wledgement and Expectations			
<ul> <li>Any hours</li> <li>No communion</li> <li>The HR Do these hours</li> <li>This time r</li> </ul> By signing this for hours annually. A participating in the must adhere to all through any means	s of this form must be completed approved under this request shall unity service hours can be used understand that be coordinated with the need only hours served beyond that allotte community service hours prograpolicy language. In addition, I cost other than Monroe County's bast to discipline up to and including	be considered hours atil approved by the He suitable time to review as of the department at the suitable time to eight ment will NOT count am per Personnel Political porfirm that I am not received a per version of the suitable	worked for overtime carduman Resources Department with the request prior to the retroactive to (8) hours of paid communication and the retroactive to (8) hours worked. During Manual 4.34, I under receiving any form of contractions are received.	clculation.  It ment on this  the need for  ely applied.  In unity service  In my time  In the restand that I compensation
Requesting Emplo	yee Signature		Date	
Department Head	or Manager Signature		Date	
		Approved		
		Denied		

**Date**