

**Employee
Giving
Program****Sick Leave for Volunteer Service Form****Part 1 –To be completed by the King County employee**

Employee Name:

Employee ID:

Office/Department/Division:

Organization (search here kingcounty.gov/giving)☐ EGP Nonprofit Organization☐ School

Organization Name:

School Name:

KCEGP Code:

Date of volunteer service:

Hours sick leave requested:

Description of specific volunteer service to be provided:

I verify that if approved to use sick leave for volunteer service, I will follow all guidelines and regulations of HRD, my office, and the King County Employee Giving Program nonprofit I partner with to volunteer. If requested by my supervisor in advance, I will bring this form to my volunteer shift for the organization rep to sign, then turn back in at my worksite.

Employee Signature: _____

Date: _____

Part 2 –To be completed by supervisor (please give a copy to employee if verification requested)Request Approved: ☐Request Denied: ☐

If approved, supervisor please choose:

If denied, supervisor please choose:

☐ Verification of volunteer service requested☐ Employee not eligible☐ Insufficient notice☐ No verification required☐ Nonprofit not currently in Employee Giving Program☐ Operational needs of office☐ Volunteer activity not acceptable☐ Other (describe):

Supervisor Signature: _____

Date: _____

Part 3 –To be completed by organization (if verification requested by supervisor in Part 2)

Please ensure all fields above are completed prior to signing.

I certify that the volunteer service was provided as described above. The volunteer was not awarded and will not receive any compensation by the organization or entity for the volunteer work performed.

Organization Rep Signature: _____

Date: _____

Time-entry reminder: Use reason codes EGP Volunteer or School Volunteer.**NOTE:** Please send a copy of the signed request to the Employee Giving Program at employeeegiving@kingcounty.gov