

ADMINISTRATIVE LEAVE REQUEST and/or ETHICS CERTIFICATION for Employee Volunteer Activities

THIS FORM DOES NOT REPLACE OR SERVE AS A SUBSTITUTION FOR requesting the appropriate leave in the WebTA system. This form is to be retained by the supervisor and a copy forwarded to the Department Volunteer Coordinator in the Office of Human Capital Services.

EMPLOYEE NAME: _____ DATE _____

TITLE, SERIES & GRADE _____

REQUESTED LEAVE DATES: From _____ To _____ **Total Number of Hours** _____

TYPE OF REQUESTED LEAVE

Annual Leave, Credit Hours or Compensatory Leave does not require the use of this form UNLESS Ethics approval is needed.

ANNUAL LEAVE # of Hours: _____ CREDIT HOURS # of Hours: _____ COMP. LEAVE # of Hours: _____

Volunteer Activity: _____

COMPLETE INFORMATION IN THE FOLLOWING SECTION IS MANDATORY.

REQUEST FOR ADMINISTRATIVE LEAVE (Excused Absence)

Sponsor Organization: _____

Specific Location of the Activity: _____

What specifically will you be doing: (add additional pages if needed)

Which provision(s) is your request based on: *(Mark all that apply)*

- The volunteer activity is directly related to the Department's mission.
- The volunteer activity is officially sponsored or sanctioned by the Department.
- The volunteer activity is in response to an emergency or disaster situation as endorsed by the Secretary.
- The volunteer activity will clearly enhance your professional development or skills in your current position.
- The volunteer activity is brief and is determined to be in the interest of the Department.

HOW: (add additional pages if needed)

Have you used Administrative Leave in the past 12 months for volunteer activities? YES NO
IF YES: When _____ How many hours? _____

I certify the information provided on this request is correct AND that this activity will NOT create a conflict of interest with my official duties and is in accordance with the ethics criteria in the Employee Volunteer Activities Standard Operating Procedures. Additionally, if I am not sure if there is a conflict – I will consult with an Agency Ethics Officer and obtain approval on this document.

Employee Signature: _____ DATE _____

ETHICS - If Required: APPROVED DISAPPROVED

AGENCY ETHICS OFFICER SIGNATURE: _____ DATE _____

APPROVING OFFICIAL (Usually Supervisor)

APPROVED DISAPPROVED Reason: _____

Signature: _____ DATE _____

Title: _____