

**VOLUNTEER RELEASE TIME VERIFICATION**

**Section 1: Employee Must Have Supervisor Approval Prior to Completing Service**

Employee Name	
Employee Supervisor's Name	
Supervisor's Signature for Approval	

Date(s) of Service	Time In	Time Out	Total Hours

Brief Description of Service	
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**Section 2: To Be Filled Out By Community Agency Representative**

Organization Name	
Participant's Immediate Supervisor	
Title of Immediate Supervisor	

Completed form should be emailed to: [employeerelations@pace.edu](mailto:employeerelations@pace.edu)