

Human Resource Services
**Volunteers in Public Schools
Participation Authorization Form**

Benefits Office
555 S Howes Street, Suite 210
Campus Delivery 6004

_____ is authorized to participate in the Colorado State University VIPS program, applying 5 hours (which can be used in a block or an hour at a time) administrative leave per month to volunteer in public schools.

It is understood that arrangements for such leave will be handled within the department in keeping with standard procedures for recording administrative leave.

As this person's supervisor, I have evaluated this employee's request and approved it, with the agreement that participation in this program will not place undue pressure on the employee's co-workers and will not inhibit our ability to function as a department.

Supervisor Signature

Date

Supervisor Name

Employee Signature

Date

Employee's Department Address

Employee's Department Phone

Please keep this form for your department's leave records.