



Capitol's Day of Giving Volunteer Time Off Request

Date of activity: _____ Hours: _____

Organization*: _____

Event/Activity: _____

Location: _____

*Organization must be a registered 501(c)(3) non-profit corporation

Employee Signature Date Supervisor Signature Date

Day of the Event Information

Contact Person: _____

Signature: _____

Comments: _____

Two photos of Event?: ___ Yes ___ No If no, why? _____

Brief description of activities performed during volunteer hours: _____
