

## Request for Paid Leave – American Red Cross Disaster Service

**TO:** (Immediate supervisor)      **DEPARTMENT:**      **U-BOX:**      **PHONE:**

**FROM:** (Employee)      **TITLE:**      **EMPLOYEE NUMBER:**

I request a leave of absence with pay for 10 days for the period through to volunteer for the American Red Cross under state statute 5-249(b).

- Proof of certification by the American Red Cross must be attached to the paid leave request.
- Proof of the time spent volunteering with the Red Cross is required upon your return to work.
- I understand that if I volunteer and am absent longer than 10 working days, I will need to request and seek approval for other paid leave or unpaid leave.

*I have read and understand and will abide by the above statements regarding my leave request to volunteer with the Red Cross under state statute 5-249(b).*

(Employee's Signature)

(Date)

**FOR EMPLOYING DEPARTMENT USE:**

*The above employee has my recommendation for participation as a Disaster Service Volunteer under state statute 5-249(b).*

Supervisor's Name and Title (Please Print or Type)      Supervisor's Signature      Date

Dean, Director or Department Head      Signature      Date

**FOR FINAL APPROVAL SEND TO LEAVE ADMINISTRATOR, HUMAN RESOURCES, UNIT-5075.**

**FOR HUMAN RESOURCES USE:**      Approved

Signature of Reviewing Authority at Human Resources      Date

CC: Payroll  
Supervisor  
Employee