

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	