



## Community Service Leave Usage Request Form

### Staff Member Information

Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Title: \_\_\_\_\_

Email: \_\_\_\_\_

Department: \_\_\_\_\_

### Experience Information

Request Date: \_\_\_\_\_ Request Start Time: \_\_\_\_\_ Request End Time: \_\_\_\_\_

Is this service a recurring event?    Yes    No    Total CSL Hours Requested \_\_\_\_\_

If yes, please describe recurring time commitment: \_\_\_\_\_

Does this entire experience occur within your normal working hours?    Yes    No

Where did you find this opportunity? \_\_\_\_\_

### Service Information

Organization Name:  
\_\_\_\_\_