



# APPROVAL FOR EMPLOYEE SERVING AS A DEPARTMENT VOLUNTEER

Employee name: \_\_\_\_\_ Position number: \_\_\_\_\_

Where employed: \_\_\_\_\_ Job title: \_\_\_\_\_

Shift: \_\_\_\_\_ Days off: \_\_\_\_\_

Days/hours available to work: \_\_\_\_\_

Reason for volunteering:  
\_\_\_\_\_  
\_\_\_\_\_

Employee must include:

- DOC 03-440 Volunteer Application and Registration, and
- DOC 03-451 Volunteer/Intern Program - Assignment Descriptions

\_\_\_\_\_  
Employee signature Date

\_\_\_\_\_  
Approving Supervisor Signature Date

\_\_\_\_\_  
Approving 2nd Line Supervisor Signature Date

\_\_\_\_\_  
Appointing Authority Signature Date

**Appointing Authority/Human Resources Director** will review the request for potential conflict of interest.

Approved  Denied

Comments (Include reason for denial or conditions of approval, if applicable):

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Approving Appointing Authority Signature Date

The contents of this document may be eligible for public disclosure. Social Security Numbers are considered confidential information and will be redacted in the event of such a request. This form is governed by Executive Order 16-01, RCW 42.56, and RCW 40.14.

Distribution: **ORIGINAL** - Personnel file **COPY** - Volunteer file