



CITY OF MEMPHIS

Community Service Leave

Employee Name _____ Employee # _____

Job Title _____ Shift Hours _____

Division _____ Service Center _____

Supervisor Name _____ Supervisor Title _____

Beginning Date _____ Ending Date _____

Estimate number of hours requested per month (not to exceed 10 hours/month) _____

I am requesting Community Service Leave for the following Program:

The leave hours requested will be used doing the following activities:

I understand that any Community Service Leave must be recorded on my time sheet and may not exceed 10 hours per month.

Employee's Signature _____ Date _____

-----OFFICE USE ONLY-----

Is the employee currently involved in active discipline (disciplinary action within progressive discipline timelines)? check one: Yes _____ No _____

Supervisor Approval _____ Date _____

Human Resources (Office of Equity, Diversity & Inclusion) Approval:

_____ Date _____