

PUTTING EDUCATION FIRST PROGRAM

Contact information:

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REQUEST FOR EDUCATION LEAVE

Instructions:

1. Employee completes **Section A**, and then forwards form to appropriate supervisor or signature authority who approves leave.
2. Supervisor or signature authority approves by signing in **Section B**, then returns form to employee.
3. Employee, when volunteering, obtains signature from authorized representative of the school/school district in **Section C**.
4. Employee retains the original signed request form, identifies on timecard the amount of Education Leave volunteer hours as 'EDLV', and submits a copy with timecard to division/department timekeeper or payroll clerk.

Section A: Employee request information

Employee: _____ Date: _____

Agency/Dept/DIV: _____ Section: _____

In accordance with the Education Leave Policy, Executive Order 4, and the revised code of Indianapolis and Marion County Section 291-214, **the above employee requests education leave for the following time period:**

_____ (Date) from _____ to _____ (Time)

Name of school or school district: _____

Contact Name: _____ Phone Number _____

This school/school district is: public ☐ private ☐ (check one)

If private, has the Internal Revenue Service determined that the school is exempt from federal income taxation under Section 501(C)(3) of the Internal Revenue Code (employee must confirm status with private school):

Yes ☐ No ☐ (check one)

The following is a description of the volunteer activity I will do for the school/school district:

Employee Acknowledgement

By signing below, I understand that this is a request for leave and is subject to approval from my direct supervisor, county agency head, administrator, and/or department director. I have read and understand the Education Leave policy and have not exceeded the amount of volunteer hours allowed for the current time period. I affirm that this volunteer activity shall be for the benefit of the school or school district listed above and shall not promote religion, or attempt to influence legislation, governmental policy, or elections to public office.

EMPLOYEE SIGNATURE

DATE

Section B: Request approval by appropriate authority

SUPERVISOR SIGNATURE

DATE

DEPARTMENT DIRECTOR SIGNATURE (if required)

DATE

Return this form to employee.

Section C: School or school district verification

By signing below, I verify that the volunteer activities performed on

_____(Date) from ____ to ____ (time) by

_____(employee name) was for the benefit of

_____(school or school district). I confirm that the
volunteer activity performed by this City or County employee did not promote religion or attempt to influence
legislation, governmental policy, or election to public office.

Signature of Authorized
School/School District Representative

Date

Printed Name

Telephone Number

Position/Title

Return this form to employee.