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| Associate: Please submit this form with your individual Attendance and Leave Report (timesheet) to your supervisor at the end of each monthly leave period. Supervisor: Attach these documents to the Monthly Absence Report to ensure Administrative Leave is properly credited, otherwise, personal leave and/or leave without pay will be charged. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **Part I - Associate and Supervisor Information** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Work Telephone Number | | | | | | | | |  | | | | | | | | | | | | | | | SUNCOM | | | | |  | | | | | | | |  |
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| Supervisor's Name | | | | | |  | | | | | | | | | | | | Supervisor's Telephone Number | | | | | | | | | | | | | | | | |  | |  |
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| **Part II - Organization Information** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Name of Organization | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
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| Coordinator/Representative | | | | | | | | | |  | | | | | | | | | | | | Telephone Number | | | | | | | | | |  | | | | |  |
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| Log of Associate's Volunteer Participation: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **Part III - Certification** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| I certify that the above associate volunteered at this organization on the dates and times listed above. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Coordinator/Representative | | | | | | | | | | |  | | | | | | | | | | | | | | |  | | | | | | | | | | | |
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| Date | | | |  | | | | | | | | | Associate | | | |  | | | | | | | | | | | | | | | | | | | |  |
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| **Part IV - For Human Resource Management (HRM) Use Only** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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|  | |  | | Approved Per Criteria | | | | | | | | | | | |  | Disapproved Per Criteria | | | | | | | | | | | | | | | |  | | | | |
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| HRM Representative Signature | | | | | | | | | | | |  | | | | | | | | | | | | | | | | Date | | | | | | | |  |  |
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| **INSTRUCTIONS** |
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| Use this form to document Administrative Leave used for training/orientation and the performance of volunteer service hours. Use a separate form for each monthly leave period and for each separate volunteer organization. |
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| **ASSOCIATE'S RESPONSIBILITIES** |
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| Fill out each section completely. |
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| * Part I (Associate and Supervisor Information) |
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| * Part II (Organization Information). Ask the organizations coordinator/representative to complete the appropriate section |
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| Document, under "Log of Associate's Volunteer Participation," the Date, Time In, Time Out, and Hours you participated. Have the organization coordinator/representative initial each time that you participate. |
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| * Part III (Certification). Sign and date, and have the organization coordinator/representative also sign and date during your last visit to the organization within each monthly leave period. |
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| * Submit the original form with your Individual Attendance and Leave Report (timesheet) to your supervisor at the end of the monthly leave period. |
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| **SUPERVISOR'S RESPONSIBILITIES** |
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| * Attach this form and the associate's Individual Attendance and Leave Report (timesheet) to the Monthly Absence Report at the end of each monthly leave period and send to: |
| Human Resource Management  Caldwell Building  107 E. Madison Street  Tallahassee, FL 32399-6545 |