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| FLORIDA DEPARTMENT OF COMMERCEVOLUNTEER CERTIFICATON FOR ADMINSTRATIVE LEAVE |
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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. |
|  |
| Please print or type: |
|  |
| **Part I - Associate and Supervisor Information** |
|  |
| Name |       | Social Security Number |       |  |
|  |
| Division/Bureau |       | Cost Center Number |       |  |
|  |
| Work Telephone Number |       | SUNCOM |       |  |
|  |
| City |       |  |  |
|  |
| Supervisor's Name |       | Supervisor's Telephone Number |       |  |
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| **Part II - Organization Information** |
|  |
| Name of Organization |       |  |
|  |
| Coordinator/Representative |       | Telephone Number |       |  |
|  |
| Log of Associate's Volunteer Participation: |
|  |
|  | Date |  | Time In |  | Time Out |  | Hours |  | Initial's |  |
|  |       |  |       |  |       |  |       |  |       |  |
|  |       |  |       |  |       |  |       |  |       |  |
|  |       |  |       |  |       |  |       |  |       |  |
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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. |
|  |
| Coordinator/Representative |       |  |
|  |
| Date |       | Associate |       |  |
|  |
|  | Date |       |  |
| Signature |  |
|  |
|  |
| **Part IV - For Human Resource Management (HRM) Use Only** |
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|  |  | Approved Per Criteria |  | Disapproved Per Criteria |  |
|  |
| 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 ManagementCaldwell Building107 E. Madison StreetTallahassee, FL 32399-6545 |