

MARYLAND: STRONGER TOGETHER
2011 CAMPAIGN
VERIFICATION OF VOLUNTEER SERVICE

Employee Name: _____

Department/Agency: _____

Work Location: _____

Work Phone #: _____

TO BE COMPLETED BY AN AUTHORIZED SUPERVISOR ASSOCIATED WITH THE CHARITABLE ORGANIZATION: This is to certify that the above-named employee participated in the following volunteer service:

Organization Name/Address: _____

Date of Service: _____

Time arrived: _____ **Time departed:** _____ **Total hours volunteered:** _____
(excluding commute time)

Description of the service provided by volunteer:

I certify that the volunteer service has been performed in conjunction with an organization that has a valid 501(c)(3) designation from the Internal Revenue Service. The activity performed was not partisan or for-profit and did not promote religious beliefs or influence legislation, governmental policy, or election to public office. I further certify that the participating employee did not receive any direct compensation or benefits for the service.

Program Supervisor Signature/Date

Participating Employee Signature/Date

Participating Employee's Supervisor Signature/Date

Upon completion of the volunteer service, this form must be completed and provided to the employee's supervisor on the next work day after the service has been performed. The form should then be submitted with the employee's timecard for the period in which the service leave was used and retained in the employee's official personnel file.