

**LAMAR INSTITUTE OF  
TECHNOLOGY**

**Request and Verification for Reassigned Time to Volunteer**

Full-time, regular employees of LIT may volunteer to serve as unpaid for non-relatives during their normal working hours at LIT.

The maximum length of time an employee may be reassigned to volunteer shall not exceed two (2) hours per week, including any travel time. The time approved may be used only in the approved week. Employees who receive reassigned time will not be approved for compensatory time or overtime within the same week. No mileage or any other associated costs will be paid for this activity.

Employees who volunteer must have the reassigned time verified by the supervisor on this form. **This form must be submitted to the employee's immediate supervisor each week that reassigned time is requested.** The supervisor shall maintain these records.

**PART I - APPROVAL**

I request permission to volunteer in an approved program at \_\_\_\_\_ from \_\_\_\_\_ to \_\_\_\_\_.  
(Name of Agency) (Date) (Date)

During my normal working hours as agreed by my supervisor. I will be working in \_\_\_\_\_  
(Name of Program)

Employee's Signature \_\_\_\_\_ Date \_\_\_\_\_

Supervisor's Signature \_\_\_\_\_ Date \_\_\_\_\_

- Appropriate Vice President / Department Chair's Signature \_\_\_\_\_ Date \_\_\_\_\_
- The appropriate LIT Vice President / Department Chair is the final signatory for this request for reassigned time.
- The final signatory should send the original to the employee and a copy to the supervisor.

**PART II - APPROVAL**

The employee takes the approved form to the supervisor of the volunteer activity for verification at each session for the week.

This is to verify that \_\_\_\_\_ from LIT is participating in an approved volunteer program  
(Name of Employee)  
 at \_\_\_\_\_ in the \_\_\_\_\_ program.  
(Name of Agency) (Name of Program)

Date of Volunteering	Time	Signature and Title of Program Supervisor	Program Supervisor's Phone Number

The employee's supervisor should keep the original of this form for his/her file after Part II, Verification, has been completed.