JX Gives Back Family Foundation
Volunteer Time Off Request Form

Please complete this form and obtain approval **at least one week** prior to the date you are requesting to take VTO (if you are planning on taking VTO during scheduled work time, please obtain your manager's approval first). Submit the completed form to jxgivesback@jxe.com. If your request is not submitted and approved, the hours missed from your scheduled work time may be deducted from your PTO.

Volunteer Name: _____

Date: _____

Branch: _____

Supervisor: _____

Organization Volunteering for:

Organization Name: _____

501(c)(3) Number: _____

Description of Work: _____
(Volunteering is aiding the organization chosen. Participating (but not aiding in) an event is greatly appreciated, but not applicable for VTO - for example, running in a 5k event is not applicable, but working at registration is)

Location Where Work will Occur: _____

Organization Contact Name: _____

Contact #: _____

Date of Volunteer Work: _____

VTO Hours being requested: _____

Times of Volunteer Work: **Start Time**: _____ **End Time**: _____

_____ _____ _____ _____

Employee Signature **Date** **JX Gives Back Signature** **Date**

_____ _____

Manager Signature **Date**

To learn more, visit:
www.jxgivesbackfamilyfoundation.org