

Print Name: _____ Date/Hours of Leave Requested: _____

Description of volunteer service: _____

Print Supervisor Name: _____

Towson University and the University System of Maryland encourage faculty and staff to offer their time and talents to benefit our citizens through community service. Paid community service leave is available to eligible employees and is subject to the following terms and conditions as outlined herein and in Towson University Policy 07-07.29 – Community Service.

Eligibility

All regular faculty, lecturers, regular exempt and non-exempt staff, and contingent II staff.

General Terms and Conditions

1. An eligible full-time employee may receive up to eight (8) hours of paid community service leave each calendar year to perform qualifying volunteer activities. An eligible part-time employee may receive pro-rated leave based on their percentage of employment.
2. The leave must be approved in advance by the employee’s supervisor and scheduled at a time when it will not impair essential functions of the employee’s unit or department.
3. The volunteer time must take place during the employee’s regularly scheduled work hours. Time spent commuting to and from the volunteer site, or volunteering after regularly scheduled work hours is not considered a qualifying volunteer activity.
4. The period in which community service leave may be used ends on December 31 each year. Unused community service leave may not be carried over to the next calendar year.
5. Employees that separate from Towson University will not be paid for unused community service leave.
6. Community service leave is not considered time worked for determining eligibility for overtime.
7. A participating employee may not receive any direct compensation or benefits from the volunteer service provided.

Qualifying Volunteer Activities

Community service/volunteer activities must meet one or more of the following criteria and be performed for an organization in the state of Maryland, including Maryland counties and Baltimore City:

1. The volunteer activity is for a community service organization, which is defined as a non-profit, non-partisan community organization and designated as an agency under the Internal Revenue Service (IRS) code 501 (c)(3) or 501 (c)(4).
2. The volunteer activity is for a governmental agency/organization, or a human services organization licensed or accredited to serve citizens with special needs, including children, youth, and the elderly.

3. The volunteer activity is for a primary or secondary public or private school in a childcare program, mentoring program, tutoring, or literacy.
4. The volunteer activity is for a higher education institution that is part of the University System of Maryland.

Ineligible Volunteer Activities

These include, but are not limited to the following:

1. Activities in support of Towson University initiatives or interests, that an employee is requested to participate in or attend on behalf of Towson University are not volunteer activities. These activities are considered assigned duties. If these activities occur outside of the normal working hours, the employee shall be compensated as required by governing laws, rules, and regulations.
2. Although religious organizations may be designated as an agency under the IRS code 501 (c)(3), community service leave cannot be used for activities to promote religious beliefs, such as teaching or leading religious assemblies, or fund-raising to support religious activities.

Employee Acknowledgement and Supervisor Approval

I acknowledge I have read and understand this Agreement and Towson University Policy 07-07.29 – Community Service. Further, I acknowledge I entered into this agreement voluntarily with no coercion by Towson University, no promise of advancement, and no penalty for declining a volunteer activity.

Employee Signature and Date: _____

Supervisor Signature and Approval Date: _____

Verification of Volunteer Service (to be completed by the organization/agency contact)

I certify the volunteer activity described in this document meets the criteria in the *Qualifying Volunteer Activities Section* described herein. Furthermore, I certify the participating employee did not receive any direct compensation or benefits for the volunteer service provided.

Organization Name/Address/Phone Number: _____

Date(s) of Service: _____ Hours of Service: _____

Print Program Supervisor Name: _____

Program Supervisor Signature/Date: _____