

Employee Volunteer Activity Request Form

Volunteering Employee Name: _____

Volunteering Employee Job Code/Title: _____

Facility/Unit/Division Submitting Form: _____

Name of Person Submitting Form: _____

Phone Number of Person Submitting Form: _____

Email of Person Submitting Form: _____

List employee's regularly assigned job duties (**limit** to 10 most important job functions):

Approved

Denied

Facility/Unit/Division Head Signature

Date

Attach the job description for the volunteer position to this form and send to:

Oklahoma Department of Corrections
Human Resources Unit
3400 Martin Luther King Avenue
P.O. Box 11400
Oklahoma City, Oklahoma 73136-0400

DO NOT WRITE BELOW THIS LINE (Central Human Resources Use Only)

Approved

Denied

If denied, reason:

Human Resources Staff Signature

Date