

# Volunteers in Public Schools Participation Authorization Form

HUMAN RESOURCES

\_\_\_\_\_ is authorized to participate in the Colorado State University VIPS program, applying 5 hours (which can be used in a block or an hour at a time) administrative leave per month to volunteer in public schools.

It is understood that arrangements for such leave will be handled within the department in keeping with standard procedures for recording administrative leave.

As this person's supervisor, I have evaluated this employee's request and approved it, with the agreement that participation in this program will not place undue pressure on the employee's co-workers and will not inhibit our ability to function as a department.

\_\_\_\_\_  
Supervisor Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Supervisor Name

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Employee Department Address

\_\_\_\_\_  
Employee Department Phone Number

***Please keep this form for your department's leave records.***



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555 South Howes Street, 2nd Floor | Campus Delivery 6004  
Fort Collins, CO 80523-6004  
[www.hrs.colostate.edu](http://www.hrs.colostate.edu) | (970) 491-MyHR (6947)