

asrt Community Outreach Approval

Employee Name _____

Date of request _____

Non-Profit Organization Name _____

Paid Time Off

Complete this section to request paid time off for individual community outreach service. Requests should be submitted at least **one week** in advance.

Non-Profit Organization Contact Information (if known) _____

This request is for (select one below):

One time only; provide date and time of activity: _____

Recurring; provide dates and times of activity: _____

Select recurrence type:

Daily

Weekly

Bi-monthly

Monthly

Quarterly

Semi-Annually

Annually

Manager _____

Date _____

Human Resources _____

Date _____

APPROVALS

Team Sponsorship

Complete this section to request ASRT sponsorship for team events.

Name of team event you would like ASRT to sponsor: _____

Date and time of team event: _____

Names of ASRT employees participating: _____

Senior Executive Team Member _____

Date _____

Human Resources _____

Date _____

APPROVALS