



# EMPLOYEE VOLUNTEER TIME-OFF Request Form

HRS2411\_2

PLEASE REFER TO POLICY FOR FULL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

| Application Section  |                 |           |  |               |
|--|-----------------|-----------|--|---------------|
| Name   |                 | Job Title |  | Group         |
| Department #   | Department Name | Hire Date | Location   | Employee ID # |
| Community Organization Name:   |                 |           | Community Organization Address:  |               |
| Community Organization Website Address:  |                 |           | Community Organization Tax ID Number:  |               |
| Is this a Valid 501(c)(3) Organization: <input type="checkbox"/> YES <input type="checkbox"/> NO   |                 |           |  |               |
| Date(s) / Time(s) of Volunteer Time Requested:<br>1.<br><br>2.   |                 |           | Total Number of Normal Hours* Requested:<br><br>*Maximum 4 Hours Per Calendar Year |               |
| I will be conducting this volunteer effort with other Ferrotec employees as a Group Activity organized by:   |                 |           |  |               |
| Description of Volunteer Activity to be conducted:   |                 |           |  |               |
| Approvals  |                 |           |  |               |
| Applicant Supervisor/Manager/Date  |                 |           | Location Human Resources/Date  |               |
| Managing Director/Date (if required)   |                 |           |  |               |
| <i>I have not received, nor am I eligible to receive any payment for work associated with this request for Volunteer Paid Time Off. I recognize that should such payment be made for periods for which I have been approved for volunteer paid time off from work, I am obligated to report such payment to the company immediately, and that company paid time off would no longer apply.</i> |                 |           |  |               |
| <b>I have fully read the Ferrotec Volunteer Program and this application which relates to the guidelines and instructions of the program and I understand the conditions of the program.</b>   |                 |           |  |               |
| Applicant's Signature  |                 |           | Date   |               |

| Program Outlines  |
|---|
| Any interested employee must complete an application and submit with supporting documentation of the assignment from the 501(c)(3) Organization to his/her immediate supervisor prior to committing to a company sponsored volunteer program.   |
| This form must be submitted in advance to be considered eligible for program participation. Requests are submitted on an as required basis. Full-Time Employees - no more than four (4) hours may be submitted during a calendar year.  |
| Instructions  |
| <ol style="list-style-type: none"> <li>1. Application Section: Complete in full.</li> <li>2. Employee must sign and date form along with obtaining necessary approvals before submitting to Supervisor/Manager and Human Resources for final approval. Approval is at the discretion of management.</li> <li>3. Distribution: Final approved applications will be distributed by the Human Resource Department to the employee and Supervisor/Manager.</li> </ol> |

Date: 04/2018