



MISSOURI STATE EMERGENCY MANAGEMENT AGENCY
SHOW ME RESPONSE PROGRAM

REQUEST FOR VOLUNTEER SERVICE LEAVE

Name	
Job Title	
Scheduled Hours/week	
Date of Hire	
While on Volunteer Service leave, I choose (check only one): <input type="checkbox"/> To use Paid Time Off (PTO) (up to my full time employee status) during the volunteer service. <input type="checkbox"/> To use leave without pay during the volunteer service.	
Employee Status	<input type="checkbox"/> Exempt <input type="checkbox"/> Non-exempt

I hereby request that I be granted Volunteer Service leave from (date) _____

to (date) _____ for the following purpose:

Signature of Employee Date

Volunteer Service leave approved from (date) _____ to _____.

Volunteer Service leave denied

Department Manager Date

Human Resources Manager Date

cc. Payroll Benefits Coordinator

For questions you may contact the Show-Me Response Program at
showmeresponse@health.mo.gov or 1-800-298-6289.