## **Volunteers in Public Schools**

Participation Authorization Form

	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 s	schools.
It is understood that arrangements for such leave will be ha	ndled within the department in keeping with
standard procedures for recording administrative leave.	
As this person's supervisor, I have evaluated this employee	e's request and approved it, with the agreement
that participation in this program will not place undue pressu	ure on the employee's co-workers and will not
inhibit our ability to function as a department.	
Supervisor Signature (electronic signature accepted)	 Date
Capolitico: Cignataro (ciocaronio cignataro accopica)	Date
Supervisor Name	
Employee Signature (electronic signature accepted)	 Date
Employee Department Address	
Employee Department Phone Number	

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

