

Verification of Employee Volunteer Service

The deadline to complete your volunteer service is December 31, 2018

Complete the below portion of this Agreement after your service and return a copy to Human Resource Services upon completion of your volunteer service by January 9, 2019

TO BE COMPLETED BY AN AUTHORIZED SUPER	RVISOR ASSOCIATED WITH THE CHARITABLE 501(c)(3) ORGANIZATION:
UMB Employee First Name:	MI: Last Name:
This is to certify that the above named UMB em	nployee participated in the following volunteer service:
Organization Name:	
Organization Address:	
Organization Contact:	Phone#:
Date of Service:	Hours of Service:
Description of the service provided by the volu	nteer:
designation from the Internal Revenue Service.	formed in conjunction with an organization that has a valid 501(c)(3) The activity performed was not partisan or for-profit and did not promote mental policy, or election to public office. I further certify that the ct compensation or benefits for the service.
Program Supervisor Signature:	Date:
TO BE COMPLETED BY EMPLOYEE:	
Employee Signature:	Date:
Employee's Supervisor Signature:	Date:
Return Completed Form to:	

Human Resource Services, 620 W. Lexington St., Third Floor, Baltimore, MD 21201 Email <u>HRWeb@umaryland.edu</u>