

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: |
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| 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>