



**Application for Additional Community Service Leave  
Under the Tutoring/Mentoring Option**  
Please submit to the Benefits Office, 225 King Building

Please review Personnel Information Memoranda 29 for information regarding Community Service Leave administration. This can be found online at [www.uncc.edu/humanresources/policies/pims.htm](http://www.uncc.edu/humanresources/policies/pims.htm).

**TO BE COMPLETED BY EMPLOYEE (Please Print or Type)**

Name:	Department:
Campus Phone:	Supervisor:
Beginning Date of Program:	Ending Date of Program:
Total Hours Requested in Current Calendar Year:	Total Hours Requested in Next Calendar Year:
School:	Approximate Travel Time to School:

I, the undersigned employee, understand that I am requesting additional Community Service Leave under the tutoring/mentoring option as described in PIM-46. I have read and understand PIM-46. My weekly community service leave under this program will not exceed 1 hour. Any additional time taken for tutoring/mentoring purposes during the week will be accounted for as lunch time, compensatory time, or annual leave. I understand that this leave is subject to verification by the school official responsible for the tutoring/mentoring program in which I will be participating, and that I must obtain the school official's signature in order for my supervisor to consider me for this special leave award. I further understand that if my status changes with regard to the program identified below, it is my responsibility to notify my supervisor and the Benefits Office. If a change in University program priorities necessitates my presence at work, my supervisor will notify me and I will notify the tutoring/mentoring program director.

Employee's Signature:	Date:	<b>SIGN HERE</b>
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**TO BE COMPLETED BY SCHOOL OFFICIAL (Please Print or Type)**

School:	Official's Name:
School Address:	Tutor/Mentoring Program Title:
Weeks in Your School's Year:	Will program be continued next school year: Yes No

Purpose of Project:

Scheduled Time for Mentoring: (e.g. 1 hour, 8:00am – 9:00am every Tuesday for remainder of school year)

I certify that the above employee will be participating in the mentoring or tutoring program described above at my school. I understand that if University program needs change, and the employee's presence is required at the University, that the employee will notify me as soon as possible.

Official's Signature:	Printed Name:	Title:	Date:	<b>SIGN HERE</b>
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**TO BE COMPLETED BY SUPERVISOR (Please Print or Type)**

By signing below I agree to allow the above-named employee to take additional community service leave under the tutoring/ mentoring option as described in PIM-46. I understand that it my responsibility to forward an accurate accounting of time away from work to the Payroll Office for employees under my supervision. I will maintain this record for future reference. If University program needs should change necessitating the presence of the above-named employee, I will notify the employee in writing and copy the Benefits Office.

Supervisor's Signature:	Phone:	Date:	<b>SIGN HERE</b>
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