

EXHIBIT D

COMMUNITY SERVICE LEAVE (CSL) REQUEST FORM

Name of Employee: \_\_\_\_\_

Department: \_\_\_\_\_

Date and Location of CSL: \_\_\_\_\_

Number of Hours Requested: \_\_\_\_\_

Description of CSL Activity:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I understand that the hours I use for CSL must be reported on my monthly absence report and that I cannot exceed 16 hours for the calendar year.

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Supervisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_