



VOLUNTEER GRANT & TIME-OFF PARTICIPATION FORM

Employee Name:		Today's Date:	
Job Title:		Supervisor's Name:	
Work Location:		Employee Department:	

PLEASE PROVIDE INFORMATION ABOUT THE ORGANIZATION YOU ARE SUPPORTING

Name of Organization:		Organization Contact Name:	
Description of Organization:			
Address of Organization:			
Phone Number of Organization:		Website of Organization:	

HOUR TRACKING CHART (PLEASE ADD ANOTHER SHEET IF NECESSARY)

DAY	DATE	HOURS	SUMMARY OF ACTIVITIES PERFORMED	Does the Supervisor Approve?	
				Yes	No
Total Hours					

By signing below, we agree that the Numerator Employee has completed the total volunteer hours above with the organization listed above.

REQUIRED SIGNATURES

	Print Name		Signature
Employee Signature		Date	
Organization Contact:		Date	

Please return this completed form to hr@numerator.com for evaluation and tracking for the Volunteer Grant Program. Questions or Comments? Please email hr@numerator.com