

SPECIAL DISASTER RELIEF LEAVE APPLICATION

Employee's name: _____ Department: _____

Job Title: _____

I am requesting approval for special disaster relief leave while I serve as a volunteer to provide services to persons affected by _____, which the City Manager has announced is covered by the Special Disaster Relief Leave Policy.

1. Name and address of the relief agency for which I will be working:

2. Name and contact information for the individual within the relief agency who requested and/or approved my participation in this volunteer activity:

3. The volunteer activity I will perform:

4. The location where the volunteer activity will take place: _____

5. The dates I have been asked to carry out this volunteer activity: _____

6. How I can be reached during the time I am carrying out this volunteer activity:

7. A written verification from the relief agency that I am performing volunteer work for (under their general supervision) is attached.

I understand that the activity for which I am requesting special leave is not related to my work for the City of Chesapeake, so that any injury, harm, loss or accident that I may experience, or that I may cause, while participating will not be considered to be work-related in any way, and the City will not have any responsibility or liability for such injury, harm, loss or accident.

Employee's Signature: _____ Date: _____

Department Head Approval: _____ Date: _____

Reviewed by DHR Director: _____ Date: _____

City Manager/Designee Action: Approved _____ Date: _____

Disapproved _____ Date: _____