



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
CENTER FOR EMERGENCY RESPONSE AND TERRORISM
SHOW ME RESPONSE PROGRAM

REQUEST FOR VOLUNTEER SERVICE LEAVE

Name	
Job Title	
Scheduled Hours/week	
Date of Hire	
While on Volunteer Service leave, I choose (check only one): <input type="checkbox"/> To use Paid Time Off (PTO) (up to my full time employee status) during the volunteer service. <input type="checkbox"/> To use leave without pay during the volunteer service.	
Employee Status	<input type="checkbox"/> Exempt <input type="checkbox"/> Non-exempt

I hereby request that I be granted Volunteer Service leave from (date) _____

to (date) _____ for the following purpose:

Signature of Employee

Date

☐ Volunteer Service leave approved from (date) _____ to _____.

☐ Volunteer Service leave denied

Department Manager

Date

Human Resources Manager

Date

cc. Payroll Benefits Coordinator

For questions you may contact the Show-Me Response Program at
showmeresponse@dhss.mo.gov or 1-800-392-0272.