

Volunteer Time Off Program and Policy

Beginning [date], [company name] has added a volunteer time off policy to our list of employee benefits.

Purpose/Goal:

The purpose of [company name]'s volunteer program is to:
[INSERT EXAMPLES BELOW]

- Support volunteer activities that enhance and serve the communities in which we live and work
- Support communities that are impacted by disasters
- Address issues that impact quality of life

The intention of this program is to create community engagement opportunities for [company name] employees that are meaningful, purposeful and helps those in need. At the same time, [company name] recognizes that participating in these activities will also enrich and inspire the lives of our employees. 'Community' is not defined as just local community, but may encompass a global perspective.

Amount of Time

All regular full-time and part-time* employees can volunteer up to ____ hours (____ days) per calendar year with a 501(c)(3) nonprofit or its U.S. equivalent in accordance with [company name]'s giving and volunteering guidelines. More than one organization may be chosen. If you are not sure of the status of your chosen organization, please contact _____ for guidelines.

*Part-time employees are eligible at a pro-rated schedule if their regularly scheduled hours are 20 or more per week.

- Employees will be paid at their normal pay rate for the volunteer hours taken
- Time off can be taken in the following increments:
 - No more than ____ days (____ hours) per quarter
 - Minimum of ____ hours per opportunity or ____ hours VTOs per quarter

- VTO is refreshed at the beginning of each calendar year and cannot be accrued or carried-over into the following year—"use it or lose it" policy.
- Usage of this time does not affect vacation accrual or sick leave usage or PTO.

Note: Disaster Response Volunteering is managed separately based on individual skill sets and community needs. Please contact _____ for guidelines and to request consideration.

Eligibility:

All full time regular employees of [company name] are eligible to participate in this program after one month from date-of-hire. The employee must be in good standing. The employee must provide reasonable notice to their supervisor and work demands can take priority over the VTO request. Employees can choose a charity of their choice or work together with other company members on a team volunteer activity.

Ineligibility:

Employees are ineligible to participate in the VTO program if:

- The employee is on a Performance Improvement Plan (PIP).
- The employee's employment with [company name] terminates for any reason.
- The VTO program is discontinued. [Company name] reserves the right to modify, amend, suspend or discontinue this program at any time without prior notice. [Company name] also reserves the right to revoke approval if it is felt that the employee is misusing the program.

Approval Process:

Employees must complete the VTO request form [insert intranet location] and submit to his/her supervisor at least one week before the requested time off. The supervisor should consult with Human Resources with any questions or concerns before approving or denying the request. Approval is at the discretion of the employee's supervisor and HR.

Examples of appropriate uses for VTO:

- Building a house for Habitat for Humanity
- Volunteering at a food bank
- Cleaning up a beach, park or trail
- Coaching a basketball team of inner city disadvantaged youth
- Becoming a Big Brother/Big Sister
- Volunteering at a local hospital
- Judging a science fair competition
- Volunteering at an inner-city school
- Serving on a nonprofit board

Examples of inappropriate uses for VTO:

- Taking a ski vacation and charitably giving ski lessons
- Coaching your child's basketball team
- Attending your child's PTA conference
- Judging a beauty pageant
- Serving as your child's scout leader
- Attending a professional, religious, or personal interest conference

VTO may not be used for organizations that discriminate based on race, color, age, gender, religious creed, veteran status, marital status, sexual orientation, pregnancy, childbirth, national origin or ancestry, physical or mental disability, medical condition or genetic information, or political affiliation.

Sample Volunteer Time Off Request Form

Date of request: _____

Employee name: _____

Phone: _____

Email: _____

Cell phone: _____

Charitable Organization Information:

Name: _____

Address: _____

City/State/Zip: _____

Website: _____

Date and time of requested VTO: _____

Total number of hours requested (minimum ____ hours/request and not to exceed ____ hours/quarter)

Option: I will be volunteering with other [company name] employees, _____ [group activity],

Organized by: _____

(Optional) I am willing to share my volunteer experience with [company name]

Description of volunteer activity you would like to do: _____

I certify that the information provided is complete and correct to the best of my knowledge. By checking this box, I verify that the volunteer efforts and recipient organization meet [company name]'s VTO guidelines.

Employee signature

date

Manager's signature

date

SUBMIT COMPLETED FORM TO: _____
[include email address]