

## Employee Volunteer Activity Request Form

Volunteering Employee Name: \_\_\_\_\_

Volunteering Employee Job Code/Title: \_\_\_\_\_

Facility/Unit/Division Submitting Form: \_\_\_\_\_

Name of Person Submitting Form: \_\_\_\_\_

Phone Number of Person Submitting  
Form: \_\_\_\_\_

Email of Person Submitting Form: \_\_\_\_\_

List employee's regularly assigned job duties (**limit** to 10 most important job functions):

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☐ Approved

☐ Denied

\_\_\_\_\_  
Facility/Unit/Division Head Signature

\_\_\_\_\_  
Date

**Attach the job description for the volunteer position to this form and send to:**

Oklahoma Department of Corrections  
Human Resources Unit  
3400 Martin Luther King Avenue  
P.O. Box 11400  
Oklahoma City, Oklahoma 73136-0400

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**DO NOT WRITE BELOW THIS LINE (Central Human Resources Use Only)**

☐ Approved

☐ Denied

If denied, reason:

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\_\_\_\_\_  
Human Resources Staff Signature

\_\_\_\_\_  
Date