**FOTH COMPANIES**

**Volunteer Time Off (VTO)**

Request Form

**Time off request must be submitted at least one week prior to the date of the volunteer activity.**

|  |  |
| --- | --- |
| Member Name |  |
| Charitable Organization Name, City, State |  |
| EIN (Must be a [501(c)(3)](https://apps.irs.gov/app/eos/) organization) |  |
| Description of Volunteer Activity |  |
| Date of Volunteer Activity |  |
| Hours Requested (up to 8 hours) |  |

By submitting this request, I am acknowledging that I desire to volunteer my services to the charitable organization listed above and that these services rendered by me will be solely at the direction of that organization. I represent that I will not receive any monetary or other compensation by the organization for my time, although I may accept meals provided during my performance of services.

I understand that I am not acting in the course and scope of my employment while utilizing Volunteer Time Off (VTO). I agree to hold Foth harmless in the event of any injury or other loss occurring while engaged in any activity for which I am receiving VTO. I further understand and agree that Foth retains sole discretion to approve or deny my request for VTO.

Click or tap here to enter text. Click or tap to enter a date.

*Member Signature Date*

Electronic Signature

Submit form to [benefits@foth.com](mailto:benefits@foth.com) for approval and processing.

**Once notified of approval:**

* VTO is to be reported against the Volunteer Hours assignment in Vision
* For week(s) in which VTO is reported, VTO + other reported hours should equal no more than 40 hours

**HR Use Only**

Human Resources Click or tap to enter a date. Date 501(c)(3) verified

Human Resources Click or tap to enter a date. Assignment entered

**Arrangements/Comments**