

MISSION/COMMUNITY SERVICE LEAVE REQUEST AND AUTHORIZATION FORM

POLICY GUIDELINES

- Employees must regularly work in a full-time or part-time position of at least 20 hours per week (1040 hours per year).
- Employees must have successfully completed the introductory provisional period prior to taking mission / community service leave.
- Employees must have their supervisor's approval before taking Mission / Community Service Leave.
- Community Service Leave may be taken for the following activities (up to two (2) days per benefit year, prorated for part-time employees):
 - Discussions, days of reflection, or other activities focused on the University's mission that are sponsored or conducted by the University's office of campus ministry, center for community service and justice (CCSJ), or special assistant for mission.
 - Mission / community service related activities or programs that are sponsored or conducted by the University's office of campus ministry, CCSJ, or special assistant for mission.
- Mission Leave may be taken for one University-sponsored spiritual retreat, immersion experience or pilgrimage, every five years (up to five (5) consecutive business days). This is in addition to community service leave. Employees must apply for participation in the retreat or experience to the sponsoring Loyola office and be approved to participate. Individuals wishing to attend for a longer period of time for one trip, or participate more often, may do so with supervisor approval using accrued vacation or personal time for the time off.
- Employees are personally responsible for covering any program fees, travel, transportation and parking.

REQUEST AND AUTHORIZATION

_____ of the _____ department, has requested and
Print Employee Name *Department*

is authorized to attend the following University sponsored service activity/program, during normal working time:

Activity/program: _____

Date(s): _____ Scheduled Time: _____

Employee Signature: _____

Supervisor / Chair Signature: _____ Date: _____

Supervisor/Chair: Route this form to CCSJ or Campus Ministry

Sponsoring Department: CCSJ Campus Ministry

Sponsoring Department Authorization: _____
Print Name and Title

Signature: _____ Date: _____

Sponsoring Department: Return signed form to supervisor