



Volunteer Services Department

NOTICE OF ABSENCE FORM

Volunteer Name: _____

Assignment Name: _____ (Floor/Unit)

Today's Date: _____

Current Scheduled Day(s): M T W Th F S Su

Please circle

SHIFT: AM _____ PM _____ EVE _____

LAST DAY: _____

RETURN DATE: _____

RESIGNED _____

Reason For Leave / Resignation: _____

College Students Please Complete:

Please circle

I will be able to return to my current assignment next semester (same day & time) Y N

If unable to return to same assignment/day of the week at the beginning of next semester, here are the days of the week / times I am available when I return *

M	T	W	Th	Fr	Sat	Sun
	morning		afternoon		evening	

*There is no guarantee that the unit where you are currently volunteering will have openings if you have to switch day of the week/shift.

Please return this form to the Volunteer Services Office
in person, by email - volunteercoordinator@chp.edu or fax (412) 692-8468