



## **MARYLAND STATE EMPLOYEE AGREEMENT TO PARTICIPATE IN VOLUNTEER SERVICES**

### **1. OBJECTIVE**

The Day to Serve initiative seeks to encourage Maryland state employees to offer their time and talents to benefit our citizens through community service.

### **2. SERVICE LEAVE**

For the period between September 11<sup>th</sup>, and October 10<sup>th</sup>, 2020 a participating state employee may receive four hours of paid administrative leave to perform qualifying volunteer service. The leave must be pre-approved by the employee's supervisor and may only be used during normal working hours.

### **3. ELIGIBILITY**

All Executive Branch employees in a classification, position or agency not designated as excluded who are: (a) actively employed in a permanent position; and (b) not in a contractual, seasonal, temporary or emergency appointment. The list of exclusions may be found at [www.dbm.maryland.gov](http://www.dbm.maryland.gov).

### **4. QUALIFYING VOLUNTEER SERVICE**

The volunteer service must be performed in conjunction with an organization that has a valid 501(c)(3) designation from the Internal Revenue Service. The activity performed must be nonpartisan and non-profit. Additionally, the volunteer service must not attempt to promote religious beliefs or influence legislation, governmental policy, or elections to public office. A participating employee may not receive any direct compensation or benefits for the service. Time spent commuting to and from the volunteer site or time the employee volunteers after regularly scheduled work hours is not considered qualifying volunteer service.

## 5. RECORD KEEPING

A Verification of Volunteer Services Form must be submitted to the participating employee's supervisor after the volunteer service has been performed. This form must be completed and signed by an authorized supervisor associated with the charitable organization.

## 6. EMPLOYEE STATUS

An employee who is granted administrative leave pursuant to this program shall not be considered to be acting within the scope of employment for the purposes of Maryland's Workers' Compensation or any other laws, nor shall the State be liable for any acts or omissions of said employee while released for volunteer purposes. Participating employees are expected to follow the rules and regulations of the charitable organizations for which they are providing volunteer service.

I acknowledge that I have carefully read and fully understand this Agreement and acknowledge I have knowingly and voluntarily entered into this Agreement by signing below. I also acknowledge that my decision to volunteer is entirely voluntary, with no coercion by my employer, no promise of advancement, and no penalty for not volunteering.

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Name of Participating Employee

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Signature/Date

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Supervisor's Signature/Date

<p><b>THIS AGREEMENT TO PARTICIPATE IN VOLUNTEER SERVICES MUST BE COMPLETED AND PROVIDED TO THE PARTICIPATING EMPLOYEE'S SUPERVISOR IN ADVANCE OF THE VOLUNTEER SERVICE. THE COMPLETED AGREEMENT MUST BE MAINTAINED IN THE EMPLOYEE'S OFFICIAL PERSONNEL FILE</b></p>
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## VERIFICATION OF VOLUNTEER SERVICE

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

Department/Agency: \_\_\_\_\_

Work Location: \_\_\_\_\_

Work Phone #: \_\_\_\_\_

**TO BE COMPLETED BY AN AUTHORIZED SUPERVISOR ASSOCIATED WITH THE CHARITABLE ORGANIZATION:** This is to certify that the above-named employee participated in the following volunteer service:

Organization Name/Address: \_\_\_\_\_

Date of Service: \_\_\_\_\_

Time arrived: (Excluding commute time) \_\_\_\_\_ Time Departed: \_\_\_\_\_ Total Volunteer hours: \_\_\_\_\_

Description of the service provided by volunteer: \_\_\_\_\_

I certify that the volunteer service has been performed in conjunction with an organization that has a valid 501(c)(3) designation from the Internal Revenue Service. The activity performed was not partisan or for-profit and did not promote religious beliefs or influence legislation, governmental policy, or election to public office. I further certify that the participating employee did not receive any direct compensation or benefits for the service.

\_\_\_\_\_  
Program Supervisor Signature/Date

\_\_\_\_\_  
Participating Employee Signature/Date

\_\_\_\_\_  
Participating Employee's Supervisor Signature/Date

**Upon completion of the volunteer service, this form must be completed and provided to the employee's supervisor on the next work day after the service has been performed. The form should be submitted with the employee's timecard for the pay period during which the service leave was used and retained in the employee's Official Personnel File.**