



Community Outreach Application Form

Instructions:

This application is to be completed by the employee requesting either financial or ETO assistance through The Community Outreach Program. The Supervisor or Manager is to provide signature approval authorizing the employee the time away from work to participate in the Community Outreach Program. Please include receipts for travel expenses for reimbursement consideration and forward to Sister Judy Carey. For additional information please refer to HR Policy #26.10.

(Please print)

Name	EEID#	Date
Department/Unit:	Supervision/Manager:	
Name of country traveling to:		
Dates of Travel:		

I have indicated below which assistance I am seeking:

<input type="checkbox"/> ETO Total Hours requested: _____	~OR~	<input type="checkbox"/> Financial Support *Amount \$ _____ *Please describe how the funds will be used: <ul style="list-style-type: none"> • Room: _____ • Board: _____ • Travel: _____ • Total _____
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Signature of applicant _____ **Date** _____

Signature of applicant manager _____ **Date** _____

As leader of this medical mission trip, I verify the accuracy of this request.

Signature of the Mission Trip Leader: _____

Date: _____