



CARTHAGE CARES Supervisor Approval Form

Name: _____ Department _____

Supervisor: _____

Location of Carthage Cares Event _____

Date of Event _____

This event is scheduled to occur from _____ to _____. If you are an hourly employee, this is during your normal working hours, and you wish to receive compensation for your participation; please indicate how your time off should be allotted.

Number of Carthage Cares hours used (max. 4 hours per fiscal year): _____

Number of Personal hours used: _____

All Carthage employees will be allotted 4 Carthage Cares hours each fiscal year awarded in July. If your participation in a Carthage Cares event occurs during normal working hours, you will be compensated at your regular rate of pay for up to four (4) hours per fiscal year. If you have already reached your allotted four hours for the year, you may still participate in a Carthage Cares event, but would need to use personal time.

Please note the following:

- Mileage for travel to/from a Carthage Cares event will not be paid.
- Carthage Cares Hours will only apply to Carthage Cares Service Projects
- Carthage Cares events outside of business hours are not compensated
- Unused hours are not eligible for carry over and are not paid out upon departure
- Should you be injured during an off-campus Carthage Cares event, you will not be eligible for worker's compensation benefits.

Employee Signature _____ Date _____

Supervisor Signature _____ Date _____

*Please return the completed form to the Office of Human Resources in Lentz Hall 329A