

**New York Power Authority Paid Volunteer Time (PVT)  
Request Form**Employee requesting PVT: Employee number:  Site:  Daytime Phone 

Name and nature of organization or event:

  
  
Does the organization have an IRS designation of a 501(c)(3) or is the organization recognized as tax-deductible under Section 170(c) of the Internal Revenue Code? What is the 501(c)(3) number? 

Specific service you will be providing:

  
  

Date(s) and hours requested:

  
Do you or any of your family members have an ownership or Board Member interest in the organization you are volunteering for?  If yes, please explain.   
  

This is to acknowledge that I desire to volunteer my services performing duties listed above and that these services rendered by me will be solely at the direction of the organization listed above. I represent that I will not receive any monetary or other compensation by the organization for my time, although I may accept meals provided during my performance of services.

I understand that just like regular paid time off (e.g., sick, vacation, etc.), Paid Volunteer Time (PVT) is a benefit given to me by my employer, and also just like other paid time off, I am not acting in the course and scope of my employment while utilizing PVT. I understand and agree that I will not be acting as an agent or representative of the Authority while engaged in activities eligible for PVT, unless expressly authorized in writing by senior management of the Authority. I agree to hold the Authority harmless in the event of any injury or other loss occurring while engaged in any activity for which I am receiving PVT. I further understand and agree that the Authority retains the sole discretion to approve or deny my request for PVT.

Employee Signature: \_\_\_\_\_

Supervisor Approval: \_\_\_\_\_

Chief Ethics Officer Approval: \_\_\_\_\_

Human Resources Approval: \_\_\_\_\_

*Requests for Paid Volunteer Time with incomplete information will not be approved and will be returned to the employee.*