

Coconino Community College Community Leave Partner Request

(Submit to <u>HR@coconino.edu</u> when complete)

| Organization Nam | e: | | |
|--|--|----------------------|-----|
| Address: | | | |
| Contact Informati | on: | | |
| Website: | | | |
| Does the organiza | tion hold a 501-c3 non-profit tax status? | Yes | No |
| Briefly describe wh | nat the organization does (Mission / Goal | s): | |
| In what capacity do | o you intend to volunteer and how will you | u represent CC | CC? |
| Submitted by: (Print Name & Job title) | | Date submitted to HR | |
| Received by HR: | | | |
| Approved | Denied (Reason for denial to be included) | led) | |