

Williamson County Sheriff's Office

Volunteer Leave Request

I, _____ am requesting a leave of absence from the Victim Assistance Unit. I understand that I have up to 90 days to return to the unit. After the 90 days I will be removed from unit. Re-joining the program will be at the discretion of the Volunteer Coordinator and Program Director. I understand that I may be required to submit an updated background check and may be required to attend the next scheduled new Volunteer training class before being reinstated into the program. I agree to return all Sheriff's Office property in a timely manner if I resign or am terminated from the program.

Date of request:

Beginning date of leave status:

Projecting ending date of leave status:

Signature of Volunteer: _____

Signature of staff: _____

Notes: