

**FIRSTENERGY
VOLUNTEER TIME-OFF REQUEST**

FORM NO. X-4543 (REV. 06-19)

DATE OF REQUEST
EMPLOYEE NAME
SAP ID

CHARITABLE ORGANIZATION INFORMATION
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NAME AND 501 (c)3 NUMBER		
ADDRESS		
CITY	STATE	ZIP CODE
WEBSITE		
DATE AND TIME OF REQUESTED VTO		
I certify that the information provided is complete and correct to the best of my knowledge. By signing, I verify that the volunteer efforts and recipient organization meet FirstEnergy's VTO guidelines.		
EMPLOYEE SIGNATURE AND DATE	MANAGER SIGNATURE AND DATE	