



## DHS Volunteer Force Authorization Statement

Employee's Full Name: \_\_\_\_\_

Supervisor's Full Name: \_\_\_\_\_ Supervisor's Phone: \_\_\_\_\_

### AUTHORIZATION

I authorize the employee listed above to participate in support of the DHS Volunteer Force.

As the supervisor of the above-mentioned employee, I have the authority to restrict the dates of their deployment and determine when they begin their deployment. For attorney volunteers, I understand that the above-mentioned employee must start their deployment in time to attend one of ICE OPLA's training sessions. In addition, I may have need to recall the individual from a deployment should organizational requirements dictate.

I do **not** authorize the employee listed above to participate in support of the DHS Volunteer Force for the following reason(s): **Justification is required.**

Employee is on a Performance Improvement Plan

Employee has a disciplinary/suspension action pending

Employee has had a reduction in grade in the preceding 12 months before applying

Employee has not been employed with the Department for at least 12 months

Employee is not qualified to receive a government travel card

Employee is critical to carrying out organizations' MEF(s)

Other (please explain): \_\_\_\_\_

\_\_\_\_\_  
Supervisor's Signature

\_\_\_\_\_  
Date

### Instructions:

Supervisors either approve/disapprove request, sign, and return a copy to employee. Employees, if approved, register online and upload this authorization.