



# FRM – 122 Alternative Service Form

|                 |   |
|-----------------|---|
| Member Name:    | Month/ Year:  |
| Sponsoring Org: | Pay Period: <input type="checkbox"/> 1 <sup>st</sup> -15 <sup>th</sup> <input type="checkbox"/> 16 <sup>th</sup> - End of the month |

Site staff must submit form to their WSC/WRC Program Coordinator and receive approval via email PRIOR to any alternative service hours by the member. Hours for alternative service performed prior to WSC approval will not be allowed. See WSC Policy# POL-122 – Managing Alternative Service and the WSC Member Service Agreement for more information. Ensure all elements of member service are maintained and no prohibited activities are included as part of alternative service hours.

Member completes this form every pay period and obtain the signature of the agency official supervising their alternative service.

Once signed by the member and site staff, the alternative service hours can be added to the WSC member timesheet. The signed form must be sent to WSC within 5 days after the end of the pay period.

| <b>Agency providing supervision for this alternative service:</b>      |                    |              |
|--|--------------------|--------------|
| Alternative Service Description (must align with position description) | Date(s) of Service | Hours Served |
|  |                    |              |
|  |                    |              |

|   |                           |      |
|---|---------------------------|------|
| <b>ALTERNATIVE SERVICE AGENCY OFFICIAL:</b> By your signature, you certify that the member completed the noted service hours. |                           |      |
| X   |                           |      |
| Agency Official (print name)  | Agency Official Signature | Date |

|  |  |
|--|--|
| <b>MEMBER:</b><br>By your signature, you certify that the above time represents actual alternative service hours in accordance with WSC policies and the Member Service Agreement (including prohibited activities). | <b>SITE STAFF OR SPONSORING ORGANIZATION DESIGNEE:</b><br>By your signature, you certify that the above time represents approved alternative service hours in accordance with WSC policies and the Member Service Agreement (including prohibited activities). |
| X  | X  |
| Member Signature   | Date   |
| Site Staff Signature   | Date   |

|                               |  |
|-------------------------------|--|
| <b><u>WSC Use Only:</u></b>   |  |
| Prior Approval Given On _____ | WSC Program Coordinator Signature: _____ |