

Community Service Activity Approval Form

The Florida Atlantic University Self Insurance Program ("FAUSIP") provides professional liability protection in the amount of \$500,000 per claim for pre-approved community service activities.

Approvals required for FAU employees: Assistant or Associate Deans

Date of Request: _____

Department: _____

Point of Contact: _____
(Name, title, phone and/or email address)

I. Entity Supported

Name _____

Address _____

II. Proposed date(s) _____

Location of Activity: _____

III. Description of activity:

Individuals requesting community service activity approval

Employer: Name of College/Department or Hospital

Name (Print) (Signature)

Name (Print) (Signature)

Name (Print) (Signature)

APPROVAL AUTHORITY

If FAU:

If other than FAU:

Approved - Chairman Date

Approved - Dean Date

Approved -Director, FAUSIP Date

Approved - Faculty Administrator Date

Approved -Director, FAUSIP Date