

PASTORS VACATION REQUEST FORM

Name _____ e-mail _____

According to policy I request vacation for the following dates:

First Day of Vacation: _____ (e.g. August 1, 2010)

Last Day of Vacation: _____ (e.g. August 14, 2010)

Total Days of Vacation Requested: _____ (e.g. 14 Days)

Holidays During Vacation – “Holidays which occur during vacation time will not count as part of employee’s vacation”.
ADCOM Action #09-140

For emergency I can be located through:

Name _____ Cell Phone _____

Address _____

Please fill in the following:

During the time of my absence the following will speak in my churches:

Church _____

Sabbath _____ Name _____

Sabbath _____ Name _____

Church _____

Sabbath _____ Name _____

Sabbath _____ Name _____

Church _____

Sabbath _____ Name _____

Sabbath _____ Name _____

Pastor's Signature _____ **Date** _____

OFFICE USE ONLY:

☐ 1. The above request is approved as requested

☐ 2. Approved subject to the following changes: _____

Signed _____ ADCOM Meeting Date: _____ VOTE# _____

Conference Officer or Human Resources Director

Please complete and return to Human Resources Department before ADCOM meeting on Tuesdays at 9 AM.