



# Time Off Request

## Time Off Information

Employee Name: \_\_\_\_\_

Department: \_\_\_\_\_

Number of Days Requested: \_\_\_\_\_

Supervisor: \_\_\_\_\_

Type of Absence Requested:

Sick

Vacation

Personal Day

Short-term Disability

Missions (Paid/Unpaid)

Ministry Related

Jury Duty

Maternity/Paternity

LOA/Other

Dates of Absence: \_\_\_\_\_ to \_\_\_\_\_

Reason for Absence: \_\_\_\_\_

*You must submit requests for absences, other than sick leave, two weeks prior to the first day you will be absent.*

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

## Supervisor Approval

Approved

Rejected

Comments: \_\_\_\_\_

\_\_\_\_\_  
Supervisor Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Executive Pastor Signature

\_\_\_\_\_  
Date

## Office Use Only

Vacation Days Taken (Paid): \_\_\_\_\_ Remaining Days: \_\_\_\_\_

Vacation Days Taken (Unpaid): \_\_\_\_\_ Remaining Days: \_\_\_\_\_

Sick Days: \_\_\_\_\_ Personal Days: \_\_\_\_\_ Bereavement: \_\_\_\_\_ Jury Duty: \_\_\_\_\_

LOA: \_\_\_\_\_ Send Original Copy to:  Finance Manager  Employee