Time-Away Card

Name:_____

Beginning Date _____//_____//_____

Returning Date _____//_____//_____

# of Days Off _____
(non-Sundays)

# of Sundays _____
(ministry staff only)

Today's Date: _ _____//_____//_____

Reason for Time Away
- ☐ Vacation
- ☐ Sick
- ☐ Conference
- ☐ Ministry Engagement

Supervisor Approval
Supervisor's Signature: _____

Date: _____//_____//_____

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