

# VACATION REQUEST

Pastors and Salaried Office Employees - Fax requests to Janet at (540) 886-5734

Hourly Office Employees - Submit requests to HR

Name: \_\_\_\_\_ Date filed: \_\_\_\_\_

I would like to request the following vacation days:

Beginning date \_\_\_\_\_ Ending date \_\_\_\_\_ Total # of days \_\_\_\_\_

Beginning date \_\_\_\_\_ Ending date \_\_\_\_\_ Total # of days \_\_\_\_\_

Beginning date \_\_\_\_\_ Ending date \_\_\_\_\_ Total # of days \_\_\_\_\_

For an emergency I can be contacted at:

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

**Dept. Head or Senior Pastor Approval:** \_\_\_\_\_

**(Signature Required)**

**Pastors fill in the following:**

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

Church: \_\_\_\_\_

Sabbath: \_\_\_\_\_ Name: \_\_\_\_\_

Sabbath: \_\_\_\_\_ Name: \_\_\_\_\_

Sabbath: \_\_\_\_\_ Name: \_\_\_\_\_

Church: \_\_\_\_\_

Sabbath: \_\_\_\_\_ Name: \_\_\_\_\_

Sabbath: \_\_\_\_\_ Name: \_\_\_\_\_

Sabbath: \_\_\_\_\_ Name: \_\_\_\_\_

Church: \_\_\_\_\_

Sabbath: \_\_\_\_\_ Name: \_\_\_\_\_

Sabbath: \_\_\_\_\_ Name: \_\_\_\_\_

Sabbath: \_\_\_\_\_ Name: \_\_\_\_\_

For Pastors and Salaried Office Employees (Signed) \_\_\_\_\_  
President Date

For Hourly Office Employees (Signed) \_\_\_\_\_  
Human Resource Director Date