

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