



LEAVE REQUEST

Name: _____ Date: _____

Leave Type: (select one type per request)

☐ Vacation ☐ Sick ☐ Bereavement ☐ Comp Time

☐ Professional Development

Details: _____

☐ Mission Trip

Details: _____

☐ Outside Personal Ministry

Details: _____

☐ Unpaid Leave

Details: _____

Leave Start Day: _____ Date: _____

Leave End Day: _____ Date: _____

Total Leave Days: _____ Leave Balance (prior to request): _____

☐ Wednesday Missed: _____ ☐ Sunday Missed: _____

Leave Calculation: Mon-Sun=5 days; Mon-Wed=3 Days; Thu-Sun=2 Days
Note: The # of Wed's and Sun's missed should not exceed # of annual allowed vacation weeks

Major Church Events During this Leave Request Period:

Signature _____

Approving Signature _____ Date ____/____/____