TIME AWAY REQUEST

ALL requests for time away must be made using this form.

Name: _____

Reason for Request:

Floating Holiday: _____ Vacation: _____ Sick Leave: _____ Medical Leave: _____

Personal Leave: _____ Bereavement Leave: _____ Jury/Witness Duty: _____

National Guard/Military Reserve Service: _____ Continuing Education: _____

Absence for Mission Trips: _____

First Day Away from Office: _____

Last Day Away from Office: _____

First Day Back at Work: _____

Additional Information Regarding Time Away Request:

_____

_____

_____

_____

Phone Number(s) where you can be reached in case of Emergency:

_____

Who will cover your duties while you are away?

_____

_____

_____

_____

Employee's Signature Date

_____

Employee's Printed Name

Approved 10/2026

TIME AWAY REQUEST

Time Away Approved*: _____ Time Away Approved with Pay*: _____

*Subject to exceptions and any additional information noted:

_____

_____

_____

_____

_____

_____

_____

_____
Pastor's Signature Date

Employee notified on _____by_____

Routing:

__X__Pastor

__X__Finance Administrator

__X__Office Coordinator

_____Media and Communication Specialist

_____Director of Youth Ministries

_____Director of Children's Ministries

_____Director of Music

_____Director of Facilities

__X__Personnel File