

LEAVE REQUEST

Name: _____ Date: _____

of Days Requested: _____ ** Dates: _____

Please count these days as follows:

PTO Vacation Ministry (SS) Ministry Sunday (SS)

If you are out on a Sunday, please communicate your plan and who is covering for you.

Approval of Supervisor(s): _____

Leave Availability Verified

Approval of Executive Pastor: _____

PTO LEAVE REQUEST

Date(s): _____

Reason: _____

Processed by Carlene Heinlein

Brenda Fansher

Executive Pastor