

Employee Time-Off Request

Today's Date: _____

Employee's Name: _____ Ministry: _____

Workday(s) Requested Off:

	Day of Week	Date
Day 1:	_____	_____
Day 2:	_____	_____
Day 3:	_____	_____
Day 4:	_____	_____
Day 5:	_____	_____

Reason for Request

- ☐ (V)-Vacation ☐ (FB)-Funeral/Bereavement ☐ (RD)-Recovery Day(s)
☐ (JD)-Jury Duty ☐ (FR)-Family Reasons ☐ (ML)-Medical Leave
☐ (MT)-Mission Trip ☐ (SD)-Staff Development
☐ Other: _____

I understand that this request is subject to approval by my Ministry Director.

Employee's Signature: _____ Date: _____

Director's Signature: _____ Date: _____

BLACKOUT DATES: (WITHOUT PRIOR EXCEPTION)

Holiday

Easter
Mother's Day
Father's Day
VBS
Freedom Fest
Staff/Elder Christmas Party
Fall Fest
Christmas Eve

2022

April 17
May 8
June 19
June 6-10
June 26
Dec 10
Nov 6
Dec 24

2023

April 9
May 14
June 18
June 20-24
June 25
Dec 9
Nov 5
Dec 24

Office Use Only

Calendar Check: _____ Open _____ Booked By _____ Date: _____

Executive Director Approval: _____ Date: _____

Associate Pastor Approval: _____ Date: _____