

Employee Name: _____

Ministry Area: _____ **Supervisor:** _____

Type of Absence Requested:

- Vacation
- Sick
- Bereavement
- Time Off Without Pay
- Military
- Jury Duty
- Maternity/Paternity
- Other

Dates of Absence:

From _____ **to** _____

Reason for Absence: _____

Person Responsible to cover my area in my absence: _____

Employee Signature

Date

SUPERVISOR APPROVAL:

- Approved
- Rejected

Supervisor Signature

Date