ABSENCE/LEAVE FORM

Name _____ Title/Position _____

Phone _____ Email Address_____

Department/Auxiliary_____

Absent/Leave is requested for:

Date(s) Beginning _____ Date(s) Ending_____

Reason for Absence/Leave

Will your financial covenant with God (Tithes and other Offerings) be met before you leave?

Yes_____ No_____

Requested By _____ Date _____

Leader's Signature

Pastor's Approval _____ Date _____

Pastor's Signature

Please turn form in to the Administrative Office two weeks prior to your request