



VACATION REQUEST FORM

Last Name _____ First Name _____ Date Submitting Application _____

Position _____ Years in Regular, Full-Time Denomination Work _____

I would like to request the following vacation days (subject to approval):	
First Week:	From: _____ To: _____
Second Week:	From: _____ To: _____
Third Week:	From: _____ To: _____
Fourth Week:	From: _____ To: _____
Total Number of Weeks/Days: _____ Weeks (and) _____ Days	

Contact Information In Case of Emergency
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(_____) _____ (_____) _____
Contact Telephone Number **Your Mobile Phone Number** **Your Email Address**

PASTORS, Fill in the Following Section
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During the time of my absence, the following individual(s) will be in charge of the following church(es):		
Church:	Name:	Contact #:
Church:	Name:	Contact #:
Church:	Name:	Contact #:
Church:	Name:	Contact #:

BASIS FOR VACATION	USE OF VACATION TIME
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Annual vacation, with pay, is provided for regular full-time denominational employees on the following basis (based on a four day work week): Pastors are based on 5 day work week, Monday - Friday.	Annual vacation should be taken during the fiscal in which it is earned—any exceptions to the policy must be approved by administration. It is the responsibility of the employee to arrange for vacation. Employees should request from their immediate supervisors and to be approved by the appropriate authority. A maximum of two (2) week vacation time may be carried over to the following year upon the approval of the Conference Executive Committee. Any unused vacation in excess of two (2) weeks will be forfeited at year end. (GNYC Working Policy Handbook A13 15)
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Years Employed	Days Earned During Calendar Year	Days Allowed to Rollover to Next Calendar Year	Maximum Days Allowed Per Calendar Year
0-1	0	0	0
2-4	8	4	12
5-9	12	6	18
10+	16	8	24

All requests for vacation should be made in advance. All applications are subject to approval. The Office of the Secretariat is not responsible for arrangements made prior to approval of vacation time.

Applicant's Signature: _____ (Type Full Name if Sent Electronically)	Date of Submission: _____
Supervisor's Name: _____	Title: _____
Supervisor's Signature: _____	Date: _____
Administrative Officer's Name: _____	Title: _____
Administrative Officer's Signature: _____	Date: _____