

TIME OFF REQUEST FORM

Lowery Creek Baptist Church

#LCBC-FM-FIN9

Revision 0 Date 3/26/2016

Church Personnel Time Off Request

Employee Name		Date	
Job Position		Salary/Hourly	<input type="checkbox"/> Salary <input type="checkbox"/> Hourly
Request For			
<input type="checkbox"/> Church Business <input type="checkbox"/> Church Mission Trip <input type="checkbox"/> Family (Immediate) Sickness <input type="checkbox"/> Family (Immediate) Death <input type="checkbox"/> Personal Sickness <input type="checkbox"/> Revival <input type="checkbox"/> Vacation			
Dates			
Requested Date(s) From ___/___/___ To ___/___/___ Total Days _____ or Total Hours _____			
Service			
<input type="checkbox"/> Sunday All Day <input type="checkbox"/> Sunday Morning Sunday School <input type="checkbox"/> Sunday Morning Worship Service <input type="checkbox"/> Sunday Evening Discipleship Training <input type="checkbox"/> Sunday Evening Worship Service <input type="checkbox"/> Wednesday Night Prayer Meeting <input type="checkbox"/> Revival <input type="checkbox"/> Other _____			
<small>*This form must be completed and signed by the person submitting time off request. *The Personnel Committee must approve all time off request. *Payments must meet all the requirements set by the current church year budget prior to payment unless approved by church vote.</small>			

ASSISTANT/SUPPLY (who will be responsible for job duties)

	Printed Name	Contact #	Eligible for Church Pay	Paid by Employee Requesting Time Off
Assistant			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Supply			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
SIGNATURE OF EMPLOYEE REQUESTING TIME OFF				
Signature			Date	

OFFICE USE ONLY

Date Submitted for Approval	
Budgeted	<input type="checkbox"/> Yes <input type="checkbox"/> No
Requires Church Approval	<input type="checkbox"/> Yes <input type="checkbox"/> No Approved by Church <input type="checkbox"/> Yes <input type="checkbox"/> No (Date ___/___/___)
Personnel Committee	Approved <input type="checkbox"/> Yes <input type="checkbox"/> No (Date ___/___/___)
Paid By Church	<input type="checkbox"/> Yes <input type="checkbox"/> No
Date Paid	
Amount	