

# VACATION / ABSENCE FORMS

*This must be turned in to your supervisor no more than 2 weeks prior to vacation/absent date*

Name:

Phone:

Today's Date

Vacation Dates:

# of Days Missed:

Area(s) of Ministry:

Day of the Week:

Times:

Purpose of Absence:

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OFFICE USE ONLY:

Name of Substitute(s):

Initials: