



LIVING HOPE
CHRISTIAN CENTER

TIME OFF REQUEST FORM

GENERAL INFORMATION

Name:			
Email:		Phone:	
Ministry Department:		Position / Title:	

TIME OFF REQUEST INFORMATION

Dates Requested:			
Type of Leave Requested:			
<input type="checkbox"/> Vacation <input type="checkbox"/> Maternity <input type="checkbox"/> Education/Development			
<input type="checkbox"/> Other (Please explain below):			
Number of office hours to be missed:			
Please list your plans to compensate the missed hours:			Time
Time Off Form Policies: Time request forms must be turned in at least one month prior to the desire dates to be requested off. The Pastor of Administration first reviews all forms and Executive Staff will give the final approval. The Pastor of Administration will contact you with result within two weeks of submission.			
<input type="checkbox"/> <i>I have read and understood the Time-Off Request Form Policies in full.</i>			
Applicant's Signature:		Date:	

OFFICE USE ONLY

Date Received:		Date Reviewed:		<input type="checkbox"/> Approved <input type="checkbox"/> Denied
Direct Report Approval (Include name & position):				
Signature of Pastoral Staff:		Print Name:		

If there are any questions or concerns regarding this form, please speak with the Pastor of Administration.

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