## VACATION REQUEST

DATE FILED:	
NAME:	
According to policy I would like to ta and ending	
days.	
For emergency I can be located thro	ough:
Name:	
Address:	
Phone:	
PASTORS FILL IN THE FOLLOWI	NG:
DURING THE TIME OF MY ABSENCE CHURCHES.	THE FOLLOWING WILL SPEAK IN MY
CHURCH	
SABBATH SABBATH	
CHURCH	
SABBATH SABBATH	
CHURCH	
SABBATH SABBATH	
OFFICE USE ONLY:	

1. [ ] THE ABOVE REQUEST IS APPROVED AS REQUESTED. 2. [ ] APPROVED SUBJECT TO THE FOLLOWING CHANGES:

(Signed) \_