

Time-Off Request

Central California Conference of Seventh-day Adventists



Vacation Sick Funeral Jury Duty Time off without pay

Name: _____

Time-Off Date(s) Requested

*Please do not plan vacation time during regular pastors' meetings
or during camp meeting.* Days Hours requested _____

From _____ To _____

From _____ To _____

Pastors only-Please indicate the speakers you have arranged to serve your church(es) during your time-off.

Date	Church	Worship Service	Prayer Meeting
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Please indicate how we may contact you in case of emergency.

Name _____ Telephone _____

Cell Phone _____ Other: _____

By requesting the above vacation days, I agree that if these days exceed my accrued vacation time, and if my employment with CCC should terminate before I accrue sufficient vacation days to cover the time I actually used, I authorize CCC to subtract the deficiency from my final pay disbursement.

Date Submitted: _____ Signature _____

Approved by supervisor: _____ Date: _____

Approved by HR Office: _____ Date: _____

Please submit this form to the Conference Human Resources Department and keep a copy for your records. If you have any questions concerning this form or your vacation accrual, please contact the Human Resources Department at (559) 347-3042 or email at lbarron@cccsda.org.

Available Days Hours: _____