



ARKANSAS-LOUISIANA CONFERENCE
OF SEVENTH-DAY ADVENTISTS

Vacation & Sick Leave Request
Regular Employee

Name: _____

Date: _____

VACATION LEAVE REQUEST:

I have _____ hours/days (circle one) available according to my last pay stub.

Beginning Date	Ending Date	Hours/Days
_____	_____	_____
_____	_____	_____

SICK LEAVE REQUEST: (Short-term)

I have _____ hours available according to my last pay stub.

Date: ___/___/___ Hours _____

Date: ___/___/___ Hours _____

Date: ___/___/___ Hours _____

Extended sick leave hours available beginning on the fourth day of illness if under the care of a physician with a certificate stating the nature of the illness.

EMERGENCY CONTACT: In case of emergency, I can be located through:

Name: _____

Address: _____

Telephone: _____

Return completed form to Human Resources for approval.

Human Resources Approval

Date

Department Head Approval

Date

President's Approval

Date