



PASTOR'S VACATION REQUEST

Instructions:

- 1) Complete Section I by filling in all the blanks (required).
- 2) Should your vacation plans change, notify your supervisor and the Human Resources Department. Your vacation days will be recorded as indicated on this request unless an amendment is submitted in writing on the available Vacation Change Form.
- 3) Sign and date the request as indicated.
- 4) When completed, fax, mail or hand-deliver the request to the **Conference Human Resources Department**. [FAX: (818) 546-8475] - [hr@sccsda.org].
- 5) After your available and remaining vacation days are verified, the request will be delivered to your supervisor.
- 6) Upon your supervisor's approval and signature, the approved request will be returned to the Human Resources department and a copy sent to payroll and to the employee via email.
- 7) If you have any questions, please feel free to call the SCC Human Resources Department at (818) 546-8415.

SECTION I - TO BE FILLED OUT BY PASTOR:

Pastor's Name: _____

Region: _____ E-mail: _____

Vacation request(s):

First day of vacation (month/day/year):	Last day of vacation (month/day/year):

During my absence, the following will speak in my church(es):

Name of church(es)	Date	Name of speaker	Speaker's phone number

In case of an emergency, I can be reached at:

Dates	Address	Phone Number

I understand that these vacation days will be recorded and deducted from my vacation bank unless I submit a Change Request Form to the SCC Payroll Department.

(Worker's Signature) _____ (Date) _____

SECTION II - FOR OFFICE USE ONLY:

Days available: _____ Days used: _____ Days left: _____ Human Resources: _____

Approved and signed by Region Director: _____

Printed name: _____ Date: _____