

Illinois Conference of Seventh-day Adventists

VACATION REQUEST PASTORS

NAME _____ DATE _____

DATES REQUESTED: FROM _____ TO _____

EMERGENCY CONTACT INFORMATION

Name _____

Address _____

City _____ State _____ Zip Code _____

Phone - Home _____ Mobile _____

Speakers during absence:

<i>Date</i>	<i>Church</i>	<i>Speaker</i>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

FOR OFFICE USE ONLY

YEARS OF SERVICE	1-4	5-9	10+		DAYS	TOTAL
Days Accruable	10	15	20		_____	_____
CarryOver from last year				+	_____	_____
Used to Date				-	_____	_____

MONTH _____ - _____

S _____
M _____
T _____
W _____
T _____
F _____
SA _____

APPROVED
Admin. Signature:
