

Illinois Conference of Seventh-day Adventists
VACATION REQUEST (HOURLY)

NAME _____ DATE _____

DATES REQUESTED: FROM _____ TO _____

EMERGENCY CONTACT INFORMATION

Name _____

Address _____

City _____ State _____ Zip Code _____

Phone - Home _____ Mobile _____

FOR OFFICE USE ONLY

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YEARS OF SERVICE 1-4 5-9 10+

DAYS REQUESTED _____ X 9.5 HRS/DAY = HOURS REQUESTED _____

MONTH _____

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

APPROVED
Dept Signature:

APPROVED
Admin Signature:
