

Greater New York Conference of Seventh-day Adventists®

7 Shelter Rock Road Manhasset, NY 11030 (516) 627-9350

## **VACATION REQUEST FORM**

Last Name	First Name				Date Submitting Application		
Position						Years in Regular, Full-Time Denomination Work	
I would like to request the following vacation days (subject to approval):							
First Week:	From:			То:			
Second Week:	From: To:						
Third Week:	From: To:						
Fourth Week:	From: To:						
	Total Number of Weeks/Days:			Weeks (ar	and) Days		
Contact Information In Case of Emergency							
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PASTORS, Fill in the Following Section							
During the time of my absence, the following individual(s) will be in charge of the following church(es):							
Church:			Name:			Contact #:	
Church:			Name:			Contact #:	
Church:			Name:			Contact #:	
Church:			Name:			Contact #:	
BASIS FOR VACATION				USE OF VACATION TIME			
denomination	with pay, is provided for regular full-time employees on the following basis (based on a four day astors are based on 5 day work week, Monday - Friday.  Days Earned During Calendar Year  O O O Maximum Days Allowed Per Calendar Year  O O O O O O O O O O B A O D O O O O O O O O O O O O O O O O O		any exceptions the responsibil should request the appropria may be carrie Conference Ex (2) weeks wil	Annual vacation should be taken during the fiscal in which it is earned—any exceptions to the policy <b>must</b> be approved by administration. It is the responsibility of the employee to arrange for vacation. Employees should request from their immediate supervisors and to be approved by the appropriate authority. A maximum of two (2) week vacation time may be carried over to the following year upon the approval of the Conference Executive Committee. Any unused vacation in excess of two (2) weeks will be <b>forfeited at year end</b> . <b>(GNYC Working Policy Handbook A13 15)</b>			
All requests for vacation should be made <u>in advance.</u> All applications are subject to approval. The Office of the Secretariat is not responsible for arrangements made prior to approval of vacation time.							
Applicant's Signature:							
(Type Full Name if Sent Electronically)					Tialo		
Supervisor's Name: Supervisor's Signature:					Title: Date:		
Administrative Officer's Name:					Title:		
Administrative Officer's Signature:					Date:		