



Staff Time off – Overtime Request Form

*Please note: Time Off Requests approval require a minimum of two week notice, if possible.
All OT must be initiated and authorized on this form by the Executive Pastor*

Submission Date _____

I _____ (Print Name) request the following :



Time Off **PTO Time available** Yes No

Full Days Off

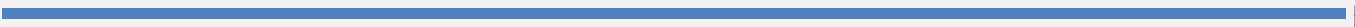
DATE: **From** _____ **To:** _____

Partial Days Off

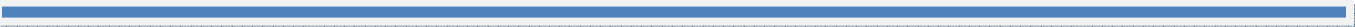
DATE: _____ **TIME:** from _____ to _____

Reason (select one):

<input type="checkbox"/> Vacation	<input type="checkbox"/> Sick	<input type="checkbox"/> Holiday	<input type="checkbox"/> Personal	Other <input type="checkbox"/>
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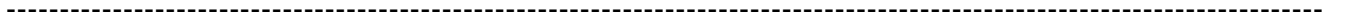


Overtime Hours: On _____ from _____ to _____ for the purpose of _____



_____ Employee Signature

_____ Executive Pastor Authorization



For office use only

_____ Accounting Entry Paid Nonpaid

Human Resources Documentation and Calendaring _____