

**The River Church**  
**Vacation Request Form**

**Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_ **E-mail:** \_\_\_\_\_

**Ministry/ Department:** \_\_\_\_\_

**Emergency Contact Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Back-up Contact/ Ministry Co-Leader Name:** \_\_\_\_\_

\*Please indicate the dates you plan to be absent from church and/or meetings, and provide to the Executive Pastor. A submitted request does not guarantee approval. You will receive approval from the Executive Pastor.

<b>Date [Month &amp; Day]</b>	<b>Reason (optional)</b>

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**Leave of Absence Request**

\*Indicate your proposed time away according to the doctor's note, if applicable. This form must accompany the doctor's note when applicable. This form usually pertains to maternity leave or an extended period of time away from work/service.

<b>Dates [Month &amp; Day Timeframe]</b>	<b>Reason (attach doctor's note, if applicable)</b>

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Approved By: \_\_\_\_\_ Approved Date: \_\_\_\_\_