

## Pastors Leaves Application Form

Applicant: \_\_\_\_\_ Position: \_\_\_\_\_

Church: \_\_\_\_\_ District: \_\_\_\_\_

Type of Leave:  Annual  Marriage  Maternity  Compassionate  
 Sick  Other

Remark: \_\_\_\_\_

Leave Duration: From \_\_\_\_\_ to \_\_\_\_\_ (both dates inclusive)

For admin record:

- A. Annual Leave entitle \_\_\_\_\_ days.
- B. Already taken \_\_\_\_\_ days.
- C. Leave balance (A-B) \_\_\_\_\_ days.
- D. Now applied \_\_\_\_\_ days.
- E. Balance now (C-D) \_\_\_\_\_ days.

Contact during leave:

1. Phone: \_\_\_\_\_ Address: \_\_\_\_\_

2. Phone: \_\_\_\_\_ Address: \_\_\_\_\_

Duties to be covered by: 1. \_\_\_\_\_ 2. \_\_\_\_\_

Important job to be taken care of \_\_\_\_\_

Applicant:

Pastor-in-charge:

Approved by  
(DS/President):

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Signature)

Name:

Name:

Name:

Date:

Date:

Date: