

Grace Brethren Church and Schools

Home Department (Circle One)

Church Preschool Elementary Jr/Sr High Bus. Office

Employee Request for: Leave Schedule Adjustment

Employee Name: _____

	Sick	Personal	Vacation	Abs. W/O Pay	Schedule Adj.	Professional
Date (s)						
Schedule Adj Requested						
Total # of Days						
Time gone if not all day						
JR/SR High: Blocks missed						
# Hours/Day						
Total # of Hours						

Reason: _____

This form must be submitted 2 weeks prior to the week of the requested date(s) for leave.

EMPLOYEE'S SIGNATURE

DATE SUBMITTED

Request is: Approved Not Approved Pending

ADMINISTRATOR'S SIGNATURE

DATE

ADMINISTRATIVE USE ONLY

Date	Substitute /Pastor Needed	Time/Block