



TIME-OFF REQUEST

Name: _____ Total Days Hours Requested: _____

- Paid Leave/Vacation
 Extended Sick
 Leave of Absence
 Funeral
 Jury Duty
 Time off without pay
 Personal Day (Teachers Only)

From _____ To _____
 From _____ To _____

Pastors only-Please indicate the speakers you have arranged to serve your church(es) during your time-off.

Date	Church	Worship Service	Prayer Meeting
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

By requesting the above vacation days, I agree that if these days exceed my accrued vacation time, and if my employment with NUC should terminate before I accrue sufficient vacation days to cover the time I actually used, I authorize NUC to subtract the deficiency from my final pay disbursement.

Date Submitted: _____ Signature: _____

Approved by Supervisor: _____ Date: _____

Submit this form to the Conference Human Resources Department and keep a copy for your records. If you have any questions concerning this form or your vacation accrual, please contact the Human Resources Department at (775) 322-6929 or email at bcastillo@nevadautah.org.