



# Partners In Ministry

## Time off Request Form

Employee Name \_\_\_\_\_ (Check one)  Hourly  Salary

Date Submitted for approval: \_\_\_\_\_

Date	Day	Start	End	Lunch	Total hours Requested
	Monday				
	Tuesday				
	Wednesday				
	Thursday				
	Friday				

Please check one of the following reasons:

Personal
  Family
  Sick
  Vacation
  Bereavement
  Other

**I understand that this request is subject to the approval of Partners in Ministry's Director. I authorize Payroll to deduct time absent from available leave accumulated or dock time absent from payroll if no leave is available.**

**\*Employee Signature:** \_\_\_\_\_

**\*Director Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Approved  Denied