

Cornerstone Assembly of God

Vacation Request Form

Requested Time Off: _____ thru _____ Today's Date: _____

If you requested time off begins or ends on a Sunday, will you need that Sunday off? Y/N

Responsibilities:

Department & Task	Person handling in your absence	Their Cell #
Department & Task	Person handling in your absence	Their Cell #
Department & Task	Person handling in your absence	Their Cell #
Department & Task	Person handling in your absence	Their Cell #
Department & Task	Person handling in your absence	Their Cell #

If you will not be reachable to handle any problems or concerns during your absence, who should be called to make decisions?

Name	Department	Cell #
Name	Department	Cell #
Name	Department	Cell #

For Office Use Only

Date Received: _____

Comments:

◇ Approved

◇ Denied:
