



HUMAN RESOURCE
SERVICES

Seventh-day Adventist Church
LAKE REGION CONFERENCE

19860 S. La Grange Road
Mokena, IL 60448
773-846-2661
secretariat@lrcsda.com
hr@lrcsda.com

LEAVE REQUEST

Employee Name: _____

Employee Number: _____ Department: _____

Type of Leave Requested:

☐ Vacation ☐ Sick ☐ Jury Duty ☐ Military ☐ Leave Without Pay

Dates of Leave: From: _____ Thru: _____

Comment:

Emergency contact:

Address _____

City _____ State _____ Zip _____

Phone _____ Email _____

Responsible church leader in your absence/speakers during absence:

| Date | Name | Title/Role | Phone | Email |
|-------|-------|------------|-------|-------|
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |

Employee Signature _____

Date _____

FOR OFFICE USE ONLY

Years of Service/Vacation Allocation: One to 4 years 2 weeks/10 days _____
 5 – 9 years 3 weeks/15 days _____
 After 9 years 4 weeks/20 days _____

Vacation carry-over from last year: _____

Vacation used to date: _____

Balance: _____

☐
☐

Approved
Rejected

APPROVED BY: _____ Date: _____