

**Bethany United Methodist Church**  
Staff Vacation/Personal Day Request Form

*Please complete this form in its entirety, and submit to the pastor. NOTE: All absences must be approved by the Senior Pastor and noted by the Staff Parish Relations Committee.*

Number of Days granted per year	
Number of Days requested/taken YTD	
Total Number of Days Requested (excluding normal day off)	
Out of Office Dates (MM/DD/YY)	
Reason for Request (vacation, conference, seminar, etc.)	
Number of Days remaining if approved	

SUBMITTED BY: \_\_\_\_\_ DATE: \_\_\_\_\_

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**INTERNAL USE ONLY**

\_\_\_\_ Your request is approved.

\_\_\_\_ Please reconsider your request.

Comments: \_\_\_\_\_

Approved By: \_\_\_\_\_ Date: \_\_\_\_\_  
(Senior Pastor)