



CLERGY LEAVE REQUEST FORM

Please take the time to complete this leave request form and submit it to the Vicar for Clergy at least two weeks prior to your anticipated first day of leave. Please use black or blue ink.

DATE COMPLETED: [ ]

AOA-PF003-Rev2017-11-12

PERSONAL INFORMATION

Form fields for Personal Information: SALUTATION, LAST NAME, FIRST NAME, MIDDLE NAME, SUFFIX, EMAIL ADDRESS, MOBILE NO, ALTERNATE CONTACT NO, DATE OF ORDINATION, PLACE OF ORDINATION, DATE OF INCARDINATION (1), START DATE OF ASSIGNMENT, CURRENT ASSIGNMENT, PARISH/LOCATION, OTHER POSITION HELD AT THE DIOCESE, PARISH/ENTITY

LEAVE INFORMATION

Table for Leave Information with columns: Leave Type (Vacation, Sick, Personal, Sabatical, Retreat, Bereavement, Professional Devt., Others), From (mm-dd-yy), To (mm-dd-yy), No. of Day, No. of Hours

Additional Information about your leave: [ ]

LEAVE PAY OFF / BALANCES

Table with columns: LEAVE TYPE, No. of Hours Available, No. of Hours Taken, No. of Leave Balance, With Pay, Without Pay, REMARKS

ADDITIONAL INFORMATION WHILE OFF ISLAND

Form fields for Additional Information While Off Island: FOREIGN ADDRESS (1), CITY, STATE, ZIP CODE, FOREIGN ADDRESS (2), CITY, STATE, ZIP CODE, EMAIL ADDRESS, MOBILE NO, ALTERNATE CONTACT NO

Will you need "Letter of Good Standing"? [ ] YES [ ] NO Will you need "a celebret"? [ ] YES [ ] NO

If you will need a "Letter of Good Standing" or Celebret to whom should it be address? Please provide basic information about the diocese.

Form fields for Bishop Information: NAME OF BISHOP, NAME OF DIOCESE, ADDRESS

Form fields for Signatures: APPLICANT'S SIGNATURE, APPROVED BY, DATE

FOR OFFICIAL USE ONLY

Form fields for Official Use: Received By, Date, Posted By, Date

REMARKS: [ ]