



# TOR

## Time Off Request

New Life Community Church  
 990 James Way  
 Pismo Beach CA 93449  
 805-489-3254

## APPROVAL

- Executive Pastor

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- Department Head

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- Date Submitted

*Requests for time off should be submitted in advance of taking leave.*

**Submitted by:**

**Department:**

**Date requested:**

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**Leave Starts:**

**Leave Ends:**

**First Day Back to Work:**

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Date	Day	Hours	Type
	Sunday		
	Monday		
	Tuesday		
	Wednesday		
	Thursday		
	Friday		
	Saturday		
	Sunday		
	Monday		
	Tuesday		
	Wednesday		
	Thursday		
	Friday		
	Saturday		
	<b>TOTAL HOURS</b>		

PERSONAL	Hours
<input type="checkbox"/> Vacation	
<input type="checkbox"/> Sick	
<input type="checkbox"/> Bereavement	
<input type="checkbox"/> Jury Duty	
<input type="checkbox"/> Without pay	
<input type="checkbox"/> Other	

BUSINESS	Hours
<input type="checkbox"/> Conference-Seminar	
<input type="checkbox"/> Ministry Event	
<input type="checkbox"/> School	
<input type="checkbox"/> Speaking	
<input type="checkbox"/> Other	

*For business events, provide the name and location of event. Describe the purpose and the benefit to your ministry (continue on other side). For conferences, also submit a Conference Request Form to the Executive Pastor.*

### Additional Explanation & Notes:


**Employee Signature:**

**Dept. Head Signature:**

Date:

Date:



