

VACATION REQUEST
Kentucky-Tennessee Conference

Name of Employee _____ Date Filed _____

According to policy, I would like to take _____ days of my accrued vacation time beginning _____ and going through _____
Date Date

Completion of this form constitutes a Request for Approval. The requested time will be recorded as taken unless written notification of a change is submitted.

- **Days taken on Sabbaths, Sundays, and Ky-Tn Conference Holidays do not count as vacation time taken.**
- **Vacation time taken on weekdays (Monday-Friday), except Ky-Tn Conference Holidays, will be deducted from your accrued vacation time.**

In an emergency, I may be contacted through:

Name _____
Address _____
Phone (_____) _____

During my absence, the following arrangements have been made for speakers in my church(es):

Church _____	Sabbath _____	Speaker _____
	Sabbath _____	Speaker _____
Church _____	Sabbath _____	Speaker _____
	Sabbath _____	Speaker _____
Church _____	Sabbath _____	Speaker _____
	Sabbath _____	Speaker _____

For Office Use Only

- The above request is approved.
 The above request is approved subject to the following changes: _____

Signed _____
Human Resources Director Date

**Return to: Human Resources Director, chaley@kytn.net or FAX: 615-859-2120
Kentucky-Tennessee Conference, PO Box 1088, Goodlettsville, TN 37070-1088**