



Scotts Hill

HR USE	
TCP	
ACS	
PC	
Audit	

TIME AWAY REQUEST

Date Submitted _____

Employee Name _____

_____ New Request

_____ Ministry/Department

_____ Revision

_____ Cancellation

_____ Total Hours Requested

Date(s) Applied For _____

(ALL days away from the office)

Which of the following describes why you were/will be absent from work?

Please mark the date beside the day of the week below.

H=holiday	Sun _____	Mon _____	Tues _____	Wed_____	Thurs_____	Fri_____	Sat_____
V=vacation							
S=sick							
B=bereavement	Sun _____	Mon _____	Tues _____	Wed_____	Thurs_____	Fri_____	Sat_____
O=off							
A=away							
C=Conference	Sun _____	Mon _____	Tues _____	Wed_____	Thurs_____	Fri_____	Sat_____
M=Missions							

If conference / missions, please indicate the name or location of the trip below:

(Name of Conference/Trip)

NOTES / COMMENTS:

Department Head's Approval _____

Date _____

Upon full completion, submit Time Away Request form to Associate Pastor of Administration for approval.

Associate Pastor of Administration

Date