



San Jose Christian Alliance Church

Out of Office Request

Staff Information

Staff Name:	
Staff Title:	Department:
Supervisor:	
Type of Absence: You must submit the request for absence at least 1 month prior to the first day of your absence.	
<input type="checkbox"/> Vacation <input type="checkbox"/> Bereavement <input type="checkbox"/> Time Off Without Pay <input type="checkbox"/> Ministerial Leave Name of Trip _____ <input type="checkbox"/> Others _____	

Dates of Absence

From:	To:
Reason for Absence:	
_____ _____ _____	
X _____ <i>Staff Signature</i>	_____ <i>Date</i>

Supervisor Approval

<input type="checkbox"/> Approved	<input type="checkbox"/> Rejected	Total Vacation _____ Hours
Comments:		
_____ _____ _____		
X _____ <i>Supervisor Signature</i>	_____ <i>Date</i>	