

First United Methodist Church of Salisbury

REQUEST FOR ABSENCE

Complete Request for Absence Form one week prior to absence

Submit form to appropriate person

Name _____

Date of Request _____

Date(s) of Absence _____

Reason

- Sickness _____
- Appointment _____
- Jury Duty (Attach Summons) _____
- Other _____

APPROVED _____ DENIED _____

Comments _____

Signature _____

Date _____

If approval is given, a substitute will be secured from the approved list.

Name of substitute _____

Once completed, appropriate copies should be disbursed as indicated:

*Copy to Employee

*Copy to Director of Children's Ministries - Personnel File

*Copy to Business Administrator