

TIME-OFF REQUEST



10475 Double R Blvd.
Reno, NV 89521
775.322.6929, voice
775.322.9371, fax
info@NUCadventist.com
www.NUCadventist.com

Available time: Days _____ Hours _____
Vacation Eligibility: 10 days 15 days 20 days
Approved Vacation Carryover: _____
Personal Days Available: _____

Name: _____ Total Days Hours Requested: _____

Vacation Sick Funeral Jury Duty Time off without pay Personal Day (Teachers Only)

From _____ To _____
From _____ To _____

Pastors only-Please indicate the speakers you have arranged to serve your church(es) during your time-off.

Date	Church	Worship Service	Prayer Meeting
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Please indicate how we may contact you in case of emergency.

Name _____ Telephone _____

Cell Phone _____ Other: _____

By requesting the above vacation days, I agree that if these days exceed my accrued vacation time, and if my employment with NUC should terminate before I accrue sufficient vacation days to cover the time I actually used, I authorize NUC to subtract the deficiency from my final pay disbursement.

Date Submitted: _____ Signature: _____

Approved by Supervisor: _____ Date: _____

Approved by Administrator: _____ Date: _____

Please submit this form to the Conference Human Resources Department and keep a copy for your records. If you have any questions concerning this form or your vacation accrual, please contact the Human Resources Department at (775) 322-6929 or email at bcastillo@nevadautah.org.