



## Request Time Off Form

Please complete and return to Bishop Oliver's office for review.

*\*Submit 10 days in advance*

### INFORMATION

Today's Date:	<input type="text"/>
Name:	<input type="text"/>
Request Dates:	<input type="text"/>
Title:	<input type="text"/>
Phone :	<input type="text"/>
Email :	<input type="text"/>

### MINISTRIES Check what ministries you oversee

<input type="checkbox"/> Children's Church	<input type="checkbox"/> First Touch	<input type="checkbox"/> Women's Group	<input type="checkbox"/> Men's Group	<input type="checkbox"/> Altar
<input type="checkbox"/> Youth	<input type="checkbox"/> Music	<input type="checkbox"/> Media	<input type="checkbox"/> Food	<input type="checkbox"/> Elder
<input type="checkbox"/> Cleaning	<input type="checkbox"/> Adjutant	<input type="checkbox"/> Deacon	<input type="checkbox"/> Minister	<input type="checkbox"/> Outreach

Reason:

☐ Approved

☐ Denied

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Bishop Signature

