



**Illinois Conference of Seventh-day Adventists  
VACATION REQUEST – Pastors**

NAME \_\_\_\_\_ DATE \_\_\_\_\_

DATES REQUESTED: FROM \_\_\_\_\_ TO \_\_\_\_\_

**EMERGENCY CONTACT INFORMATION**

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Email: \_\_\_\_\_ Mobile \_\_\_\_\_

**Speakers during absence:**

Date	Church	Speaker
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**FOR OFFICE USE ONLY**

.....

YEARS OF SERVICE	1-4	5-9	10+		DAYS	TOTAL
Days Accruable	10	15	20		_____	_____
Carryover from last year				+	_____	_____
Used to Date				-	_____	_____
		Balance			_____	<div style="border: 1px solid black; width: 100px; height: 20px; margin: 0 auto;"></div>

MONTH \_\_\_\_\_

S	_____	_____	_____	_____	_____
M	_____	_____	_____	_____	_____
T	_____	_____	_____	_____	_____
W	_____	_____	_____	_____	_____
T	_____	_____	_____	_____	_____
F	_____	_____	_____	_____	_____
SA	_____	_____	_____	_____	_____

**APPROVED**  
Admin. Signature:  
\_\_\_\_\_