BAPTIST GENERAL CONVENTION OF OKLAHOMA

**Please use tab key to navigate.**

**REQUEST FOR TIME OFF**

|  |  |  |  |
| --- | --- | --- | --- |
| **Employee Name:** |  | **Today’s Date:** |  |

**Note:**

*4-Day* work week:

A full day= **9.5 hours**

*5-Day* work week:

A full day=**7.5 hours**

Please enter the number of hours requested.

**Request for:**

|  |  |  |
| --- | --- | --- |
|  |  | Vacation Hour(s) |
|  |  | Sick Leave Hours(s) |
|  |  | Doctor/Dental Appointment |
|  |  | Other (Nat’l mtgs., funerals, etc.) |
| **Date(s) Requested:** | |  | |

Comp/Variable Time:

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Comp time earned: | | |  | | | | | |
| Event and Event date: | |  | | | | | | |
|  | | |  | | Hours earned | | | |
| Comp Time Used: | | Date Requested: | |  | | | | |
|  | | |  | | Hours to be taken | | | |
|  | |  | |  |  |  |  |
| **Time of Doctor/Dental Appointment:** | | | |  | | | | | |

**Request Participation in:**

Seminar/Conference

Revival

Other

|  |  |
| --- | --- |
| **Brief Description of seminar or conference including date and location:** | |
|  | |
|  | |
|  | |
| **Phone number where you may be reached during seminar:** |  |

**Approved**  **Disapproved**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Signed:** |  | | **Date:** |  |
|  | (Supervisor) | |  |  |
| **Signed:** |  | | **Date:** |  |
|  | (Team Leader) | |  |  |
| **Comments:** | |  | | |
|  | | | | |
|  | | | | |

**A** **separate form** **should be completed for each request** for vacation, reporting sick days, requesting time off for doctor/dental appointments, etc. **Please do not combine requests on one form.**

Employee should receive a signed copy, with the original request going to the Team Assistant.