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.