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|  **Incumbent Clergy Leave Request Form** |
| **Name:**  |
| **Parish/Location** |
| Employment Status 🔾 Full Time 🔾 Part Time 🔾 Casual |

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|  | **Type of Leave** | **Commencing date:** | **Return to work date:**  | **Number of****Leave Days Taken****Note F/T Clergy positions are usually 6 days per week** |
|  |  **Annual** |  |  |   |
|  |  **Personal (Sick)** |  |  |  |
|  |  **Family/Carer's** |  |  |   |
|  |  **Long Service** |  |  |  |
|  |  **Leave without pay** |  |  |  |
|  |  **Compassionate** |   |   |  |
|  |  **Study Leave** |  |  |  |
|  |  **Jury Service** |   |   |  |
|  |  **Community Service** |   |   |  |
|  **Total Days**  |  |
|  |  |

(Please tick appropriate box/s and write in dates)

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| Are there public holidays during this leave? 🔾 No 🔾 Yes (If yes, please outline below)Are there RDO’s during this leave? 🔾 No 🔾 Yes (If yes, please outline below) |

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| Are your pastoral and liturgical services covered? 🔾 Yes 🔾 No If yes, by whom: ………………………………………………………………Applicant's Signature:*X*Date Requested :Is leave supported? 🔾 Yes 🔾 No, to be discussed with incumbentWarden’s Signature: Date Approved:Warden’s Name (Print) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**To be forwarded to the Bishop of Grafton without delay**Bishop’s ApprovalIs leave approved? 🔾 Yes 🔾 No, to be discussed with incumbentSignature: Date Approved: |

COMPLETED FORM TO BE FORWARDED TO PAYROLL OFFICER

APPLICANT TO ADVISE REGIONAL ARCHDEACON OF APPROVED LEAVE