



WELLSPRING

United Methodist Church

*"To Care
as Jesus Cares"*

Rev. Jim Harris



4871 Longhill Road
Williamsburg, VA 23188

Phone: 757.258.5008
Fax: 757.258.4706
office@wellspringmethodist.org
wellspringmethodist.org

REQUEST FOR LEAVE

To : Interim Pastor Jim Harris

From :

Date :

Subject : Leave

I request leave for the following work **hours**: _____

From: _____ To: _____

The nature of the leave is:

Vacation Leave Family Leave Sick Leave

Paternity/Maternity Leave Personal Day

While I am absent, I may be reached, in an emergency, at: _____

YOUR REQUEST FOR LEAVE IS Approved Not Approved

Interim Pastor Jim Harris Date: _____

REPLY: As of _____, you have a balance of _____ hours of (Sick) (Personal) Leave.

NOTE: The Personnel Handbook states that leave must be approved in writing by the Senior Pastor before it is taken.