



ARKLA TIME OFF REQUEST

☐ Pastor ☐ Department Director ☐ Administrative Assistant

Name: _____ Total ☐ Days ☐ Hours Requested: _____

☐ Paid Leave/Vacation ☐ Extended Sick ☐ Wedding ☐ Funeral ☐ Jury Duty ☐ Time off without pay
☐ Out of District ☐ Leave of Absence Reason: _____

Date(s):
From _____ To _____
From _____ To _____

Please indicate how we may contact you in case of emergency.

Name _____ Telephone _____
Cell Phone _____ Other: _____

By requesting the above vacation days, I agree that if these days exceed my accrued vacation time, and if my employment with ARKLA should terminate before I accrue sufficient vacation days to cover the time I actually used, I authorize ARKLA to subtract the deficiency from my final pay disbursement.

Date Submitted: _____ Signature: _____

☐ Approved ☐ Denied

President's Signature: _____ Date: _____

Noted by HR: _____ Date: _____

Please email this form as soon as possible to the President's Office at rdye@arklac.org and keep a copy for your records. If you have any questions please contact the Human Resources Department at (318) 631-6240.