



Santa Cruz Valley Church
A United Methodist Congregation

Staff Time off Request

Name _____

Position _____

Phone number (home) _____ (cell phone) _____

E-mail address _____

Requested date(s) off _____ Total Hours _____

Reason _____

First day off _____ First day back to work _____

Paid/Unpaid/Partial _____

Replacement and Contact Information _____

How many hours spent this year (including hours above) _____

Signature _____ Date _____

SPRC/Pastor Approval _____ Date _____