Greater New York Conference
of Seventh-day Adventists®
7 Shelter Rock Road
Manhasset, NY 11030
(516) 627-9350

VACATION REQUEST FORM

Last Name | First Name | Date Submitting Application

Position | Years in Regular, Full-Time Denomination Work

I would like to request the following vacation days (subject to approval):		
First Week:	**From:**	**To:**
Second Week:	**From:**	**To:**
Third Week:	**From:**	**To:**
Fourth Week:	**From:**	**To:**

Total Number of Weeks/Days: _____ **Weeks (and)** _____ **Days**

Contact Information In Case of Emergency

(_____)_____ (_____)_____ _____

Contact Telephone Number | **Your Mobile Phone Number** | **Your Email Address**

PASTORS, Fill in the Following Section

During the time of my absence, the following individual(s) will be in charge of the following church(es):

Church:	Name:	Contact #:
Church:	Name:	Contact #:
Church:	Name:	Contact #:
Church:	Name:	Contact #:

BASIS FOR VACATION

Annual vacation, with pay, is provided for regular full-time denominational employees on the following basis (based on a four day work week): Pastors are based on 5 day work week, Monday - Friday.

Years Employed	Days Earned During Calendar Year	Days Allowed to Rollover to Next Calendar Year	Maximum Days Allowed Per Calendar Year
0-1	0	0	0
2-4	8	4	12
5-9	12	6	18
10+	16	8	24

USE OF VACATION TIME

Annual vacation should be taken during the fiscal in which it is earned—any exceptions to the policy **must** be approved by administration. It is the responsibility of the employee to arrange for vacation. Employees should request from their immediate supervisors and to be approved by the appropriate authority. A maximum of two (2) week vacation time may be carried over to the following year upon the approval of the Conference Executive Committee. Any unused vacation in excess of two (2) weeks will be **forfeited at year end**. **(GNYC Working Policy Handbook A13 15)**

All requests for vacation should be made in advance. All applications are subject to approval.
The Office of the Secretariat is not responsible for arrangements made prior to approval of vacation time.

Applicant's Signature: (Type Full Name if Sent Electronically)	**Date of Submission:**
Supervisor's Name:	**Title:**
Supervisor's Signature:	**Date:**
Administrative Officer's Name:	**Title:**
Administrative Officer's Signature:	**Date:**

Submit this completed form to: GNYC Office of the Secretariat, chayman@gnyc.org, or by Fax (347)527-2326
Vacation Request should arrive in the Office of the Secretariat at least fifteen (15) days prior to the planned vacation.