



# North Coast Calvary Chapel

## Vacation/Sick Time Request Form

**Employee:** \_\_\_\_\_

**Department:** \_\_\_\_\_

**Supervisor:** \_\_\_\_\_

**Date submitted to Supervisor:** \_\_\_\_\_

**Reason codes =** V - Vacation    S - Sick Pay    U - Unpaid Leave

Start Date	End Date	Total Hours	Reason Code

\* Vacation requests should be submitted at least 30 days before vacation is taken, when possible.

I understand that I may have to repay NCCC, in the event that my employment ends and have received approval to borrow against my balance.

**Employee Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Manager Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

(If you are borrowing against your balance)

**Executive Pastor Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

For Payroll use only

Date received \_\_\_\_\_

Date entered into ADP \_\_\_\_\_