



DIocese of OWENSBORO

REQUEST FOR TIME OFF

Employee Name: _____

Dates Requested: _____

Type Requested: _____ Amount of Days/Hours Requested: _____

Current Vacation Balance*: _____

Current Sick Balance*: _____

Current Personal Day Balance*: _____

Comments:

Employee Signature

Date

Pastor or Supervisor Approval

Date

07/01/2025

***Do not take out days/hours requested in your current balance.**