



**EVANGELICAL LUTHERAN CHURCH IN SOUTHERN AFRICA
CAPE ORANGE DIOCESE**

APPLICATION FOR LEAVE OF ABSENCE

SURNAME: **FIRST NAME:**

ADDRESS:

TEL. NO. **CELL NO.**

Pastor in a Parish **Office Based Pastor** **Office worker** **Other / specify**
Please indicate with an X on box provided.

Days carried over from previous year:

Days accumulated in current year:

Nr. of leave days requested:

Total leave days remaining;

TYPES OF LEAVE TAKEN	START DATE	END DATE	No. of Working days
Annual Leave			
Sick Leave (attach certificate)			
Temporary disability leave			
Leave for occupational injuries/illness			
Compassionate leave			
Family responsibility leave			
Special leave (Specify)			
Maternity leave			

Employee Signature..... **Date:**

Signature of Parish Chairperson: **Date:**

RECOMMENDATION BY IMMEDIATE SUPERVISOR (Dean)

Recommend Not recommended Rescheduled

Remarks:.....

Signature:..... **Date:**.....

APPROVAL BY DIOCESAN ADMINISTRATION

Approved with full pay Approved without pay Not approved

Approved by: **Authorized by:**.....
Bishop **Diocesan Executive Secretary**