

**New Life Family Worship Center
Absences Form for Ministers and Leaders**

This form is to be submitted as soon as you are aware of the dates of your absences. Please give proper notice so that there will be no gaps in proper coverage.

(Please print)

Your name (first and last): _____

Area (s) of responsibility: _____

Dates of absences: _____

Reason for absence: _____

(You are responsible to provide proper coverage for your area while absent)

I am leaving (name of person) _____

In charge of my areas of responsibility during my absence. I have properly trained them to cover my areas of responsibility and I have confidence in their ability to handle any-thing that would or could arise during my absence.

I also understand that my absence does not release me from being held responsible for my areas of responsibility and the performance of my substitutes.

Your signature

Today's date

For office use only:

Received by

Date received