# LCA_logo_WLCTL_horizontal1_cmyk

# Appendix 1 Leave Application Form

**Name** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Department/parish** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Type of leave applying for**  Carers and personal leave 🞎

Annual leave 🞎

Relocation leave 🞎

Bereavement & compassionate leave 🞎

(tick applicable box)

Community service leave 🞎

Other leave (please add details in ‘Remarks’) 🞎

**Period of leave applied for**

From (first day of leave) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

To (last day of leave) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Number of days \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Remarks** (if required) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**For carers and personal leave**

Doctors Certificate attached Yes /No

Accident Yes /No

Workers compensation Yes /No

**Signature of applicant**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Date of application** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Approval by Governing Body** By \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Forwarded to District Office** By \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_

# Appendix 2 Rest and Refreshment Leave Application

**Name** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Address**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Postcode** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Phone**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Date of commencement of full-time service as a church worker** \_\_\_\_\_\_ /\_\_\_\_\_\_ /\_\_\_\_\_\_

If you have at any time broken your continuity of service as a full-time church worker, please supply details:

**Reason Period**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ From \_\_\_\_\_\_ /\_\_\_\_\_\_ /\_\_\_\_\_\_ to \_\_\_\_\_\_ /\_\_\_\_\_\_ /\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ From \_\_\_\_\_\_ /\_\_\_\_\_\_ /\_\_\_\_\_\_ to \_\_\_\_\_\_ /\_\_\_\_\_\_ /\_\_\_\_\_\_

**I hereby apply for \_\_\_\_\_\_\_ weeks of rest and refreshment leave, which is to be taken from:**

\_\_\_\_\_\_ /\_\_\_\_\_\_ /\_\_\_\_\_\_ until \_\_\_\_\_\_ /\_\_\_\_\_\_ /\_\_\_\_\_\_

**If applicable, please complete the following**:

Details of previous rest and refreshment (long service/recuperative) leave taken:

From \_\_\_\_\_\_ /\_\_\_\_\_\_ /\_\_\_\_\_\_ to \_\_\_\_\_\_ /\_\_\_\_\_\_ /\_\_\_\_\_\_

From \_\_\_\_\_\_ /\_\_\_\_\_\_ /\_\_\_\_\_\_ to \_\_\_\_\_\_ /\_\_\_\_\_\_ /\_\_\_\_\_\_

From \_\_\_\_\_\_ /\_\_\_\_\_\_ /\_\_\_\_\_\_ to \_\_\_\_\_\_ /\_\_\_\_\_\_ /\_\_\_\_\_\_

**Signature of pastor requesting leave \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** Date \_\_\_\_\_\_ /\_\_\_\_\_\_ /\_\_\_\_\_\_

**---------------------------------------------------------------------------------------------------------------------------------------**

**This application has been endorsed by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** (Calling/employing body)

**Signed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** (Chair or Secretary) Date \_\_\_\_\_\_ /\_\_\_\_\_\_ /\_\_\_\_\_\_

**Approved by** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ District/General Church Council

**Signed** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Bishop or Secretary) Date \_\_\_\_\_\_ /\_\_\_\_\_\_/\_\_\_\_\_\_

When completed, this form should be sent to your District Office for approval and then to the LCA National Office.