



Vacation Request Form



Alaska Conference of SDA
6100 O'Malley Road
Anchorage AK 99507
PH 907.346.1004
FAX 907.346.3279

Name _____

Date Request Submitted _____

Employee address _____

Vacation Dates _____ to _____

City _____ State _____ ZIP _____

Emergency phone numbers and dates applicable:

date _____ to _____ phone _____

date _____ to _____ phone _____

date _____ to _____ phone _____

date _____ to _____ phone _____

Direct Deposit Pay Check:

yes no

If no, give directions:

District church speaker schedule in your absence:

District Church(es):

	Speaker _____	Speaker _____	Speaker _____
Date	Phone _____	Phone _____	Phone _____

	Speaker _____	Speaker _____	Speaker _____
Date	Phone _____	Phone _____	Phone _____

	Speaker _____	Speaker _____	Speaker _____
Date	Phone _____	Phone _____	Phone _____

	Speaker _____	Speaker _____	Speaker _____
Date	Phone _____	Phone _____	Phone _____

ACTION ON REQUEST (Office Use Only)	APPROVED	DENIED
Signature _____	Date _____	
Comments		