

**OWCM
Absent From Duties**

(Please submit this form in advance.)

Name: _____

Date(s) of absenteeism: _____

vacation

weekend

medical

Department: _____

Is your area of ministry covered for date(s) of absenteeism? _____

List the name of person(s) who will be covering your area of ministry?

Instructions/Comments: _____

Signature: _____

Date: _____

Department Leader's Signature: _____ **Date:** _____