



Vacation Request Form



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

Name _____
Employee address _____
City _____ State AK ZIP _____

Date Request Submitted _____
Vacation Dates _____ to _____

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 _____

To Submit: a) complete form, b) save it to your computer,
c) open email and attach saved file
d) send email to Melvin.Santos@ac.npuc.org

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