

The Methodist Church of New Zealand Te Hāhi Weteriana o Aotearoa

Administration Division



Connexional Payroll Leave Application Form

Presbyter Name _____

I request _____ paid days leave

- Annual
- Sick
- Annual Leave converted to Sick Leave
- Bereavement
- Long Service leave
- Study Leave
- Other (please specify) _____

Leave from _____ to _____ inclusive.

Presbyter Signature

Date

This request for leave is approved/declined (delete non applicable)

Parish Steward or Board Chair
Signature

Date

All Annual leave must be approved this form submitted to Connexional Payroll for actioning within five days of leave commencing.

Payroll processing date _____