

# 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 \_\_\_\_\_