
SUPPORT HELPS MINISTRY LEAVE OF ABSENCE FORM

Thank you for advising me that important personal matters necessitate your need to take some time off from the _____ ministry. Every member of our team is a vital and significant part of this ministry and the vision of this church. Your absence will leave a gap; however, we understand it is necessary for you to be away from your service to this area for a period of time and we look forward to your return as soon as possible. Therefore, effective _____ you will be on "Inactive Status".

Please note that should your leave extend past ninety (90) days, you will be reported as "No Longer Participating" and it will be necessary for you to submit a new Support Helps Ministry Application (a photo will not be necessary). In addition, should you remain inactive from a restricted area of support for a period of twelve (12) months you will be required to undergo the full background screening process in order to return to serve in a restricted area. Please complete the information below and return the form to your Department Leader.

Department Leader's Signature _____

Name of Volunteer: _____

Daytime Contact: _____ Email address: _____

Anticipated leave time: _____

Comments:

Volunteer Team Member's Signature _____

cc: Department Leader Team Leader (if applicable) Team Member