

CHRISTIAN PROVISION MINISTRIES



1100 GARDEN STREET ♦ SANFORD, NORTH CAROLINA 27330

Phone (919) 774-9462 ♦ Fax (919) 708-7005

Absence/Leave Form

Name _____ Title/Position _____

Department/Auxiliary: _____

Absent/Leave is requested for:

Date(s) Beginning: _____ Date(s) Ending: _____

Reason for Absence/Leave:

Will your financial covenant with God (Tithes and other Offerings) be met before you leave?

Yes _____ No _____

Requested By _____ Date _____

Leader's Signature

Pastor's Approval _____ Date _____

Pastor's Signature

Please turn form in to the Administrative Office one week prior to your Absent/Leave request.