

**DIOCESE OF THE ARCTIC
APPLICATION FOR LEAVE**

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NAME ᐋᑦᑲᑦᑲᑦ ᐋᑦᐃᑦ	
COMMUNITY ᐃᑦᐃᑦ ᐋᑦᐃᑦ	
EMERGENCY CONTACT NUMBER ᐃᑦᐃᑦ ᐋᑦᐃᑦ ᐋᑦᐃᑦ	

REASON FOR LEAVE ᐃᑦᐃᑦ ᐋᑦᐃᑦ	DATE OF DEPARTURE ᐃᑦᐃᑦ ᐋᑦᐃᑦ	DATE OF RETURN ᐃᑦᐃᑦ ᐋᑦᐃᑦ
VACATION ᐋᑦᐃᑦ		
CONFERENCE ᐋᑦᐃᑦ		
MEDICAL ᐋᑦᐃᑦ		
EDUCATION ᐋᑦᐃᑦ		
OTHER ᐋᑦᐃᑦ		

SIGNATURE: _____ **DATE:** _____
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APPROVED REGIONAL DEAN _____

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APPROVED REGIONAL BISHOP _____

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APPROVED DIOCESAN BISHOP _____

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Accumulated leave upon request: _____

Total days of Leave Requested _____

Balance of leave credits: _____

Diocesan VTA Expense amount: _____

VTA Paid to: _____