

Clergy Vacation Report

In order that we might have a realistic picture of who is away and who might be available to fill in or cover emergencies during the summer would you **please complete the following and return it to the Synod Office.**

Name _____

Parish or area of Ministry _____

City or Town _____

Your vacation entitlement: _____ weeks

20__ Vacation	Dates	Number of Weeks
	_____	_____
	_____	_____
	_____	_____
	Total	_____

Emergency arrangements: _____

Name of clergy covering with dates: _____

Could you assist by taking some summer services in other Parishes?

During what period? (Dates) _____

Thank you for giving us this information.
It will help us to answer questions about your availability.

Please return this form to the Synod Office