



**Office of Formation and Leadership Development
LEAVE OF ABSENCE APPLICATION**

APPLICANT INFORMATION

Name:

Address:

City:

State:

Zip Code:

Country:

Preferred Phone:

Type:

Alternate Phone:

Type:

Email Address:

Name of MCC/Congregation where you are an active member:

LEAVE OF ABSENCE INFORMATION

Leave of Absence Requested From:

To:

Is this an application for a renewal of Leave?

Reason for Leave of Absence (use additional sheets if necessary):

By my signature, I state that the information contained in this application is true and correct and that I have read and understood the definitions in the MCC Clergy Manual for a Leave of Absence and will abide by them.

Signature of Applicant:

Date:



Please return this form to:

Metropolitan Community Churches
Vocational Leadership Coordinator
2775 NW 49th Ave. Ste: 205-327
Ocala, FL 34482 USA

or electronically as a PDF (preferred) to VLC@MCCChurch.net

FOR OFFICE USE ONLY: APPROVAL OF VLC

This application for Leave of Absence has been reviewed and the following action taken.

Accepted

Denied

Additional Comments:

Signature:

Date: