



**Far North Coast Presbytery**  
**Uniting Church in Australia**  
**(Synod of NSW/ACT)**  
**Minister Leave Application Form**

**Minister details**

First name: \_\_\_\_\_

Surname: \_\_\_\_\_

Placement: \_\_\_\_\_

Email: \_\_\_\_\_

Phone: \_\_\_\_\_

**Leave type**

- Sick Leave       Study leave  
 Annual leave     Leave without pay  
 Other please specify

\_\_\_\_\_

**Period of leave**

First day of leave: \_\_\_\_\_

Last day of leave: \_\_\_\_\_

Total number of leave days: \_\_\_\_\_

Signature of Minister: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**Leave authorisation**

**a. Church Council**

Representative name: (print) \_\_\_\_\_

Representative position: (print) \_\_\_\_\_

Representative signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**b. Presbytery:** \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**IMPORTANT: Please submit this form, before leave is taken to both:**

Secretary: [secretaryfncp@gmail.com](mailto:secretaryfncp@gmail.com) Bookkeeper: [maximumkeeper@gmail.com](mailto:maximumkeeper@gmail.com)

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