St. Martin's Episcopal Church Staff Mission Trip Application

Name		
Address		
City	State	Zip
Home phone	Cell phone	
E-mail address		
Name of the organization/church that has organized t	the mission trip:	
Name of the coordinator:		
Coordinator's phone #:	Coordinator's e-mail:	
Where is the destination that the mission work will ta	ake place:	
Describe the type of work will you be doing:		
What are the actual dates of the mission trip: Start date		End date
What are the travel dates of the trip: Travel to destination		Travel from destination
 You must be a full-time employee. Mission work must be away from Houston. Cost for the trip is employee's responsibility Upon return from the trip, the employee will staff. 10 work days are available to the employee e 2015 you would not be eligible for more time 5 days in 2016. Trip must be approved in advance. In order for your time away not to be counted. 	be expected to share about every two years. In other we e until 2017. If you took 5	words, if you took 10 work days in work days in 2015, you could take
<u>Approval Signatures</u>		
Applicant		Date
Supervisor		Date
Ex Director HR		Date

Date _____

Vice-Rector _____