

Diocese of Kootenay
Vacation/Continuing Education Report Form

Name _____ Parish _____ Region _____

My Continuing Education Plans are:

Course _____ Institution _____ Dates _____ Name _____ Ph _____

Course _____ Institution _____ Dates _____ Name _____ Ph _____

Course _____ Institution _____ Dates _____ Name _____ Ph _____

Course _____ Institution _____ Dates _____ Name _____ Ph _____

My emergency phone number(s) are: _____

Clergy Pastoral Care Replacements:

Name _____ Ph _____

Name _____ Ph _____

Name _____ Ph _____

Name _____ Ph _____

Vacation plans are as follows:

Clergy Pastoral Care Replacement:

Dates _____ Name _____ Ph _____

Dates _____ Name _____ Ph _____

Dates _____ Name _____ Ph _____

Dates _____ Name _____ Ph _____

My emergency phone number(s) are: _____

My plans have been acknowledged by the Wardens:

Please be sure a report is submitted for Vacation and Continuing Education. Copies to Wardens, Regional Dean, Synod Office

Warden's signature _____

Every clergy person is entitled to one month's vacation (Canon 11.4).

Date _____

Every clergy person is entitled to three weeks Continuing Education leave annually (policy 5:6.10). The Bishop would prefer Continuing Education leave and vacation not be taken consecutively without consultation..

Warden's signature _____

Continuing Education longer than three weeks must be approved by the Wardens, Church Committee and the Bishop (policy 5.6.10).

Date _____

Diocesan conferences, service at Camp Owaissi, Diocesan retreats are not considered part of the vacation or study leave (Canon 11.4).