

***Diocese of Kootenay***  
**Vacation/Continuing Education Report Form**

Name \_\_\_\_\_ Parish \_\_\_\_\_ Region \_\_\_\_\_

**My Continuing Education Plans are:**

**Clergy Pastoral Care Replacements:**

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: \_\_\_\_\_

**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:**

\_\_\_\_\_  
Warden's signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Warden's signature

\_\_\_\_\_  
Date

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

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

**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..**

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

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

1/7/00