



OBLIGATION EXEMPTION FORM

Complete the form below and submit it to the Office of the Pastor.

Name:

Ministry:

EXEMPTION

Date(s) Affected

Type of Exemption

Name of Requested Replacement

Reason for exemption

Minister/Deacon Signature

Date

FOR OFFICE USE ONLY

Executive Response: Fully Approved Approved (with conditions) Not Approved

Comments: _____

Office of the Pastor Executive Signature

Date