Notification of a Planned Absence by a Priest (Please submit to the Chancellor for absences of four days or more)

Part 1. General Information

Priest's Nam	e							
Deanery				Total # of]	Days Away			
Date of Depa	rture			Date of Ret	urn			
Reason for Absence								
		Other:						
Parishes of Responsibility								
Parish 1				Parish 2				
Parish 3				Parish 4				
Part 2. Acknowledgment of Responsibilities to Parishes								
Please read and write your initials next to each statement. Initial								
If I am absent and have not submitted a Form 3.6.1.a in advance to the Chancellor, payment for any							Initials	
pastoral assistance charged to my parish(es) will be garnered from my next payroll cheque.								
I am responsible for ensuring that people in my parish(es) are informed of my absence and know								
who to contact for pastoral assistance.								
I have to arrange for physical checks of the church and rectory in my parish(es) every four (4) days during my absence.								
I have to shut off the water into the rectory (and church) when I leave.								
I will discuss the arrangements described in this form with the parish pastoral council or the parish							1	
finance council as much in advance of my absence as possible and get the chairperson's signature								
on this form (from all of my parishes).								
Part 3. Pastor	al Arrango	ements						
Sunday Mass								
Parish 1								
Sunday Mass	ses will be c	celebrated in my abs	ence [Yes (pro	vide details b	elow) 🔲 No		
	(1)					(1)		
Mass dates	(2) (3) (4)			M	Mass times	(2)		
						(3)		
	(4)					(5)		
Celebrant(s)				F	ee estimate	(0)		
Parish 2								
Sunday Mass	ses will be c	celebrated in my abs	ence [Yes (pro	vide details b	pelow) No		
Mass dates	(1)					(1)		
	(2)				Mass times	(2)		
	(3)			N		(3)		
	(4)					(4)		
	(5)					(5)		

Celebrant(s)		Fee estimate						
Parish 3								
Sunday Masses will be celebrated in my absence Yes (provide details below) No								
Mass dates	(1) (2) (3) (4) (5)	Mass times	(1) (2) (3) (4) (5)					
Celebrant(s)		Fee estimate	(0)					
Parish 4								
Sunday Masses will be celebrated in my absence Yes (provide details below) No								
Mass dates	(1) (2) (3) (4) (5)	Mass times	(1) (2) (3) (4) (5)					
Celebrant(s)		Fee estimate						
NOTES								
	ther coverage (funerals, anointing of the sick, e							
I have arrange	d for the following pastoral coverage by [name of	priest or deacon	a] in my absence					
Parish 1	Parish 2	2						
Parish 3	Parish 4	4						
NOTES								
Signatures: Priest:		I	Date:					
PPC/PFC Chair	(Parish 1):	Date:						
PPC/PFC Chair	(Parish 2):	Date:						
PPC/PFC Chair	(Parish 3):	1	Date:					
PPC/PFC Chair	(Parish 4):	Date:						
Approved: Date:								
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