

Mission Trip Request Form

Employee Name: _____

Badge: _____

Instructions:

Complete all the information below. Submit the Mission Trip Request Form including page 2 and a detailed letter and itinerary to your KH Executive Council Member at least 60 days in advance of the trip and **send a copy of the first page to payroll at payroll@ketteringhealth.org.**

Dates of Trip: _____

Destination: _____

Total hours required: _____

PTO hours from employee bank:
(Manager enters hours into T&A) _____

Mission Paid hours requested: _____ (max 20 hours per year, 18 hours for a FT, 12-hour per shift employee; pro-rated for part-time).

Attached:

- Written Letter
- Itinerary – From the KH-sponsored mission trip

Employee Signature Date

Manager/Director Approval Date

VP of Missions Approval Date

Send copy to Mission & Development for hours to be captured in the Community Benefit Report.

Kettering Health (KH) Organization-Wide Policy

KH adopts this policy for KH Main Campus, KH Miamisburg, KH Dayton, KH Washington Township, KH Greene Memorial, SoIn Medical Center, KH Hamilton, KH Troy, KH Medical Group, KH Transportation Services, all hospital off-sites and KH facilities, KH Senior Living, and KH System Services.

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On behalf of all of us at Kettering Health (KH) , thank you for donating your valuable time to help those in need. We look forward to assisting you with supplies and equipment for your journey. Please complete the questionnaire below to help us identify ways we can best provide resources to support you.

What organization will you be traveling with?	
How did you first hear about this organization?	
Where will you be going?	
How many people will accompany you on the trip?	
What are the dates for your arrival and departure?	
How many people do you plan to provide care?	
What are the specific supplies you are requesting from KH for this trip to be successful?	
What are your goals for this trip?	
Would you be willing to provide an article or speak at an event about your trip when you return?	

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