

# SABBATICAL FORMS

Please submit all the forms completed to the Ministerial Director when turning in your Sabbatical application.

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_@\_\_\_\_\_.com

Not Applicable

<b>Worship Speakers</b>			
	<b>DATE</b>	<b>NAME</b>	<b>PHONE NUMBER</b>
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			

\_\_\_\_\_  
Pastor's Signature

\_\_\_\_\_  
Senior Pastor | Head Elder's Signature

Not Applicable

### Prayer Meeting Speakers

	DATE	NAME	PHONE NUMBER.
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			

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Pastor's Signature

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Senior Pastor | Head Elder's Signature

In case of a funeral, who will conduct the services?

Not Applicable

<b>Funerals</b>				
	NAME	PHONE NUMBER	Have they been contacted?	
			YES	NO
1			<input type="checkbox"/>	<input type="checkbox"/>
2			<input type="checkbox"/>	<input type="checkbox"/>
3			<input type="checkbox"/>	<input type="checkbox"/>
4			<input type="checkbox"/>	<input type="checkbox"/>
5			<input type="checkbox"/>	<input type="checkbox"/>

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Pastor's Signature

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Senior Pastor | Head Elder's Signature

Not Applicable

<b>Church Leadership Assisting with Visitation</b>				
	NAME	PHONE NUMBER	Have they been contacted?	
			YES	NO
1			<input type="checkbox"/>	<input type="checkbox"/>
2			<input type="checkbox"/>	<input type="checkbox"/>
3			<input type="checkbox"/>	<input type="checkbox"/>
4			<input type="checkbox"/>	<input type="checkbox"/>
5			<input type="checkbox"/>	<input type="checkbox"/>

Not Applicable

<b>Retired Ministers Assisting with Visitation</b>				
	NAME	PHONE NUMBER	Have they been contacted?	
			YES	NO
1			<input type="checkbox"/>	<input type="checkbox"/>
2			<input type="checkbox"/>	<input type="checkbox"/>
3			<input type="checkbox"/>	<input type="checkbox"/>
4			<input type="checkbox"/>	<input type="checkbox"/>
5			<input type="checkbox"/>	<input type="checkbox"/>

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Pastor's Signature

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Senior Pastor | Head Elder's Signature

Not Applicable

### Practicing Ministers Assisting with Visitation

	NAME	PHONE NUMBER	Have they been contacted?	
			YES	NO
1			<input type="checkbox"/>	<input type="checkbox"/>
2			<input type="checkbox"/>	<input type="checkbox"/>
3			<input type="checkbox"/>	<input type="checkbox"/>
4			<input type="checkbox"/>	<input type="checkbox"/>
5			<input type="checkbox"/>	<input type="checkbox"/>

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Pastor's Signature

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Senior Pastor | Head Elder's Signature

Boards and Committees - Person in charge of:

Not Applicable

<b>Church Boards</b>			
	DATE	NAME	PHONE NUMBER
1			
2			
3			
4			
5			

Not Applicable

<b>Other Committees</b>			
	DATE	NAME	PHONE NUMBER
1			
2			
3			
4			
5			

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Pastor's Signature

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Senior Pastor | Head Elder's Signature

Not Applicable

<b>Bible Studies</b>			
	<b>DATE</b>	<b>NAME</b>	<b>PHONE NUMBER</b>
1			
2			
3			
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10			
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12			
13			

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Pastor's Signature

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Senior Pastor | Head Elder's Signature

## Family Involment

It is crucial that family members be included in the sabbatical plans and concur with them. Any change in scheduling, such as a sabbatical, will have impact on other members of the family system.

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We have discussed the sabbatical as a family, and I concur with the proposal. (written statement by spouse of how he/she will be involved is required).

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Spouse's Signature



## Expenses

What are the costs incurred in the sabbatical?

Sources of Funding

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Pastor's Signature

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Senior Pastor | Head Elder's Signature

# FOR OFFICE USE ONLY

## Checkoff List

1	Church Board Approval		
2	Sabbatical Proposal		
3	Worship speakers	N/A	
4	Prayer Meeting Speakers	N/A	
5	Funerals	N/A	
6	Visitation	N/A	
7	Boards and Committees	N/A	
8	Bible Studies	N/A	
9	Family Involvement		
10	Expenses		
11	Conference Administration Approval		