

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

Children's Youth Sabbath Programs Speakers			
	DATE	NAME	PHONE NUMBER
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 Meetings | Youth Vespers | Other Programs Speakers

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

Pastor's Signature

Senior Pastor | Head Elder's Signature

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

Not Applicable

Funerals				
	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"/>

Pastor's Signature

Senior Pastor | Head Elder's Signature

Not Applicable

Church Leadership 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"/>

Not Applicable

Retired 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"/>

Pastor's Signature

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"/>

Pastor's Signature

Senior Pastor | Head Elder's Signature

Boards and Committees - Person in charge of:

Not Applicable

Church Boards			
	DATE	NAME	PHONE NUMBER
1			
2			
3			
4			
5			

Not Applicable

Other Committees			
	DATE	NAME	PHONE NUMBER
1			
2			
3			
4			
5			

Pastor's Signature

Senior Pastor | Head Elder's Signature

Not Applicable

Bible Studies			
	DATE	NAME	PHONE NUMBER
1			
2			
3			
4			
5			
6			
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10			
11			
12			
13			

Pastor's Signature

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.

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).

Spouse's Signature

Expenses

What are the costs incurred in the sabbatical?

Sources of Funding

Pastor's Signature

Senior Pastor | Head Elder's Signature

FOR OFFICE USE ONLY

Checkoff List

1	Church Board Approval		
2	Sabbatical Proposal		
3	Children's Youth Programs Speakers	N/A	
4	Prayer Meeting Youth Vespers Other Programs 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		