



## SABBATICAL APPLICATION

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FULL NAME: \_\_\_\_\_

SABBATICAL DATE: \_\_\_\_\_

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Please write 300 to 500 words describing your Sabbatical Proposal. Be sure to include:

1. How this will be a renewal experience
2. Benefits you.
3. Benefits to the congregation.
4. How it will impact your family.

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APPROVED ON

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Signed by

# SABBATICAL FORMS



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

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

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

**FAMILY INVOLVEMENT:** 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 an 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:

WORSHIP SPEAKERS:

Not Applicable

	DATE	NAME	PHONE NUMBER
1			
2			
3			
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13			

PRAYER MEETING SPEAKERS:

Not Applicable

	DATE	NAME	PHONE NUMBER
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**FUNERALS:** In case of a funeral, who will conduct the services?

Not Applicable

	NAME	PHONE NUMBER	Have they been contacted?	
			YES	NO
1				
2				
3				
4				
5				

**CHURCH LEADERSHIP / RETIRED MINISTERS / PRACTICING MINISTERS ASSISTING WITH VISITATION:**

Not Applicable

	NAME	PHONE NUMBER	Have they been contacted?	
			YES	NO
1				
2				
3				
4				
5				

**CHURCH BOARDS:** Person in charge

Not Applicable

	DATE	NAME	PHONE NUMBER
1			
2			
3			
4			
5			

**OTHER COMMITTEES:**

Not Applicable

	DATE	NAME	PHONE NUMBER
1			
2			
3			
4			
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**BIBLE STUDIES:**

Not Applicable

	DATE	NAME	PHONE NUMBER
1			
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Senior Pastor / Head Elder's Signature

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