



Before completing this application, please contact the presbytery liaison listed on the reverse side.

Applicant

Name _____

Address _____

City _____

State _____

ZIP _____

Phone () _____

Email _____

Have you previously taken a sabbatical? Yes No

If yes, please give the date(s) and the length of time _____

Congregation

(If you serve more than one congregation, please attach a separate sheet for additional information)

Name _____

Address _____

City _____

State _____

ZIP _____

Phone () _____

Email _____

Signature of Clerk of Session

Name _____

Phone () _____

Has Session of the congregation approved your sabbatical leave? Yes No

The Presbytery recommends consideration of my sabbatical proposal:

Name of Presbytery _____

Contact Person _____

Position _____

Phone () _____

Email _____

Date _____

Does the Presbytery have a sabbatical policy? Yes No



Please attach your Sabbath Sabbatical Proposal including:

- Sabbath Sabbatical purpose
- Sabbatical description
- Estimated total sabbatical cost, budget, and funding sources
- Expected dates of Sabbath Sabbatical
- Benefits you expect to gain from the experience

I agree to abide by the terms and guidelines of the Sabbath Sabbatical Support Grant Program, and I authorize the Board of Pensions to discuss and share details of this proposal as it determines.

I also agree to provide a post-sabbatical summary report to my congregation's session and to the presbytery, and Board of Pensions' Assistance Program.

Signature of applicant

Date (mm/dd/yyyy)

Authorized signature of applicant's presbytery

Phone ()

Email

Please return your completed application to the appropriate governing body.