



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.**