



Applicant information		
Name		Last 4 digits of SSN
Address		Date of birth (mm/dd/yyyy)
City	State	ZIP
Phone	Email	
Amount requested		

Employer information		
If you serve more than one organization, attach a separate sheet with the employer information and authorization sections for each additional organization, including confirmation that each additional organization's employer has approved your leave.		
Name		
Address		
City	State	ZIP
Phone	Email	

Employer authorization	
Has your employer approved your leave? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Authorized employer representative signature	Date (mm/dd/yyyy)
Name of authorized employer representative:	Phone

Presbytery information	
Name	
Contact person	
Position	
Phone	Email
Presbytery authorization	
Authorized presbytery representative signature	Date (mm/dd/yyyy)

Complete and email this form to the Board of Pensions at memberservices@pensions.org.
Questions? Call the Board at 800-PRESPLAN (800-773-7752) (TTY: 711).



Program

Please select one of the preapproved programs below. If you are participating in a program not on this list, please refer to the 'Non-preapproved programs' section for further instructions.

Preapproved programs:

- Center for Pastoral Excellence – Clergy Renewal Programs
- Horizon Hope Counseling
- LeaderWise
- Marble Retreat
- MoSeGol
- Pilgrim House
- The Clergy Program – Davidson Centre for the Professions
- The Kineo Center

Attach an itemized budget showing total estimated program costs, including transportation. Your application may be delayed if the required documentation is not provided.

Non-preapproved programs:

If you are participating in a program that is not on the preapproved list, please provide a description of the program you wish to pursue, a website (if applicable), and a description of how this program will help you address your spiritual, mental, vocational, and physical wellness.

Attach an itemized budget showing total estimated program costs, including transportation. Your application may be delayed if the required documentation is not provided.

Mutual benefit

Describe how this time will benefit you and your congregation.

Applicant authorization

I certify that the information contained in this application is true and correct.

Applicant signature

Date (mm/dd/yyyy)

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