

## Sabbatical Request Form

NAME \_\_\_\_\_ DATE OF REQUEST \_\_\_\_\_

YEAR EMPLOYMENT BEGAN \_\_\_\_\_

REQUESTED SABBATICAL PERIOD \_\_\_\_\_ to \_\_\_\_\_

Have you ever taken an **approved** sabbatical within your years of service within the Illinois Conference? (yes) (no)  
If yes, date previously taken

### Requirements

- I have arranged Sabbath worship speakers during my requested sabbatical
- I have arranged for another pastor to cover funerals (if needed)
- The church board has voted on my sabbatical request (please provide copy of these minutes)
- I will inform of my church of this sabbatical (if approved) no less than four months prior to my requested sabbatical

### Emergency Contact

NAME OF CONTACT \_\_\_\_\_

RELATIONSHIP \_\_\_\_\_

PHONE NUMBER \_\_\_\_\_

### FOR ADMINISTRATIVE USE ONLY

- Ministerial Department Approval by \_\_\_\_\_ on \_\_/\_\_/\_\_\_\_
- ADCOM Approval by \_\_\_\_\_ on \_\_/\_\_/\_\_\_\_  
ADCOM Action# \_\_\_\_\_
- Church board minutes provided on \_\_/\_\_/\_\_\_\_
- Professional Growth Plan submitted by requester on \_\_/\_\_/\_\_\_\_
- Evaluation paper to be submitted on \_\_/\_\_/\_\_\_\_  
Date submitted \_\_/\_\_/\_\_\_\_