



REQUEST FOR SABBATICAL LEAVE

Must be completed and submitted to field director for approval prior to taking Sabbatical

Missionary's Name _____

Field Director _____

Reason for requesting sabbatical leave:

Requested sabbatical leave date to start _____ and end _____

Planned activities to be accomplished during sabbatical leave (personal or professional):

How will these activities benefit you or your ministry:

How will your ministry be carried out in your absence:

I have read the sabbatical policy and understand the requirements for leave to be approved.

I understand that any time taken beyond the requested approved time off must be approved in advance with a minimum of two weeks' notice is required for this extension.

Signed _____ Date _____



Home Office Signatures

Approved _____ Denied _____

Field Director

Executive Director

Director of Human Resources