



**Massachusetts And Rhode Island District
Application for Sabbatical Leave**

I. Name _____ Date _____

Church Name _____ Phone _____

Church Address _____ License Level _____

II. Application for leave during the following (Dates of Absence):

III. Number of years as Pastor? _____

IV. Are your District Dues paid up to date? _____

V. Year of last Sabbatical (If Applicable) _____

VI. I am requesting financial assistance of up to \$200.00 to be used towards visiting Minister's honorarium and potential travel expenses.
I acknowledge that I am bi-vocational and work in secular employment _____ hours per week.

Signature of Applicant Date

VII. Signature of your Presbyter indicating his awareness of the application

Signature of Presbyter Date

VIII. Additional Statement (Optional but strongly suggested)