

**SABBATICAL REQUEST APPLICATION FORM  
CENTRAL CALIFORNIA CONFERENCE**

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ EMAIL: \_\_\_\_\_

CITY \_\_\_\_\_ TELEPHONE # \_\_\_\_\_

CELL PHONE # \_\_\_\_\_

CHURCH/DISTRICT 1) \_\_\_\_\_

2) \_\_\_\_\_

3) \_\_\_\_\_

SABBATICAL DATES: Starting Date: \_\_\_\_\_

Ending Date: \_\_\_\_\_

DISTRIBUTION OF MINISTERIAL RESPONSIBILITIES:

CHURCH: \_\_\_\_\_

1)	WORSHIP SPEAKERS	SABBATH DATE	SPEAKER	PHONE #
		_____	_____	_____
		_____	_____	_____
		_____	_____	_____
		_____	_____	_____
		_____	_____	_____

2)	PRAYER MEETING	WEEKDAY	SPEAKER	PHONE #
		_____	_____	_____
		_____	_____	_____
		_____	_____	_____
		_____	_____	_____

VISITATION:

PERSONNEL

PHONE #

1) Illness

1) \_\_\_\_\_

\_\_\_\_\_

2) Hospitalization

2) \_\_\_\_\_

\_\_\_\_\_

3) \_\_\_\_\_

\_\_\_\_\_

BOARD MEETINGS:

CHAIRPERSON

DATE

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

BIBLE STUDIES:

PERSONNEL

PHONE #

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

WORKER'S SIGNATURE: \_\_\_\_\_

DATE SUBMITTED: \_\_\_\_\_

APPROVED BY: \_\_\_\_\_

President/Secretary

**Please submit the following to the Central California Conference Secretariat:**

- 1. This application form thirty (30) days prior to starting sabbatical.**
- 2. A letter of consent from local church leadership.**