

Sabbatical Request Application

Florida Conference of Seventh-day Adventists

Pastor's Name: _____

Church(es): _____

Dates Requesting for Sabbatical Leave:

Start Date: _____ End Date: _____

Has your board(s) approved your Sabbatical request: ____Yes ____No

(Please attach a copy of said minutes with your application.)

Pastor's Signature

Date

FOR OFFICE USE ONLY

Authorized by:

Approved by Adcom on:

Vice President for Pastoral Ministries

Date