**Sabbatical Information Form**

*(Staff going on sabbatical, fill out this form during your Release/Relinquish Phase to inform your Supervisor and our Train – Develop – Care Team (TDC) of your sabbatical dates and if you intend to change roles.)*

*(Please return this form to your supervisor and to* *TDC@Navigators.org**.)*

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| --- | --- |
| Today’s date: |  |
| First Name: |   |
| Last Name: |   |
| Email: |   |
| Phone Number: |   |
| Current Ministry Location: |  |
| Mission/City/Network: |   |
| Current Supervisor: |  |
| Approval Date for Sabbatical from Supervisor: |  |
| Sabbatical Advisor: |   |
| Length of Sabbatical in months: (3-6 months are approved, if you need a longer sabbatical, please send a request to SDC@Navigators.org) |  |
| Beginning of Phase 1 date (Release and Relinquish) |  |
| Sabbatical start date\*/ Beginning of Phase 2 date\* (Rest and Recovery): |   |
| Beginning of Phase 3 date\* (Reflect and Refocus): |   |
| Beginning of Phase 4 date\* (Realignment and Reassignment) |   |
| Estimated Sabbatical End Date \*/Beginning of Phase 5 date\* (Re-Engagement and Re-Entry): |   |
| What are your initial thoughts about returning to your role after your sabbatical?  |

\*These dates can be approximate or soft dates.