**Supervisor Check-ins**

*(Supervisor, use this as a reminder to check in with your direct report who is on sabbatical. Staff are encouraged to check in with their supervisor once per phase.)*

|  |  |
| --- | --- |
| Staff’s Name |   |
| Staff’s E-Mail |   |
| Staff’s Phone |   |
| Current Ministry Location |   |
| Sabbatical Advisor |   |
| Sabbatical Start Date |   |
| Estimated End Date |   |

|  |  |  |
| --- | --- | --- |
| **Sabbatical Dates** | **Supervisor Check-ins****Date occurred** | **Notes/Comments** |
| Phase 1:Release/Relinquish |  |  |
| Phase 2:Rest/Recovery |  |  |
| Phase 3:Reflection/Refocus |  |  |
| Phase 4:Realignment/Reassignment |  |  |
| Phase 5:Re-Engagement/Re-Entry |  |  |
| Re-Engagement/Re-Entry tasks |  |  |