Staff going on Sabbatical, fill out this form during your Release/Relinquish Phase to inform your

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