

**NAME:**

**Possible Sabbatical Dates:**

**Possible REASONS, OBJECTIVES, PURPOSES, OUTCOMES FOR SABBATICAL**

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**Possible sabbatical ADVISOR**

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**Possible sabbatical SUPPORT TEAM MEMBERS**

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**SUGGESTED COMMUNICATION/ACCOUNTABILITY PLAN**

• Advisor: Once every 2 weeks

• Support Team: Once a month

• Supervisor: Once per Phase

• Donors: Before/Middle/After

Ken.Larson@navigators.org – If you anticipate you are planning to change missions.

**Possible Priority issues**

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**Phase One:** *Release and Relinquish*

Dates:

• Fill out and email the *Sabbatical Information Form* to TDC@navigators.org and my supervisor.

• Fill out and email the *Supervisor Delegation Form* (if applicable) to my supervisor and HR.inbox@navigators.org.

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**Phase Two:** *Rest and Recovery*

Dates:

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**Phase Three:** *Reflection and Refocus*

Dates:

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**Phase Four:** *Reassignment or Realignment*

Dates:

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**Phase Five:** *Re-Entry and Re-Engagement*

Dates:

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