

SABBATICAL WITHDRAWAL APPLICATION FORM

NAME:

POSITION:

CHURCH/ORGANIZATION:

ADDRESS:

BOARD CHAIR:

EMAIL:

TEL:

START AND END DATE OF REQUESTED SABBATICAL LEAVE:

CHEQUE MADE PAYABLE TO:

(Note: If cheque is made payable to the pastor, a T4A will be issued amounting to two-thirds of the total sabbatical withdrawal amount. If cheque is made payable to the church, this must be specified clearly in the church's approval letter)

TO BE RECEIVED BY (date):

APPLICATION FROM MEMBER CONTAINS:

1) PLAN FOR REQUESTED LEAVE (please describe as discussed with Regional Minister):

2) APPROVAL BY REGIONAL MINISTER:

NAME:

REGION:

COPY OF BOARD APPROVED MOTION ON CHURCH LETTERHEAD ATTACHED

Please return completed application with supporting documentation to Louanne Haugan at lhaugan@cbwc.ca