



The Episcopal Church in Wyoming

OFFICE USE- Revised 10/17/2017

____/____/____ \$ _____
Date Rec'd Amt. Requested

____/____/____ \$ _____
Date Granted Amt. Granted

Check Number # _____

Application for Sabbatical Leave

Date: ____/____/____

Name: _____

Address: _____

Telephone: _____ Email Address: _____

Date of canonical residence in Wyoming _____

Date service began in present position _____

1. Define your proposed sabbatical plan on a separate page. Include any appropriate brochures or itineraries.
2. Describe on a separate page how this sabbatical will make your ministry more effective.
3. Describe on a separate page how this sabbatical will be of benefit to the Diocese and to your local churchcommunity.
4. Outline on a separate page the arrangements that will be made to provide clerical and pastoral coverage to your congregation.
5. During your sabbatical leave, which of the following will be covered by your congregation?

- | | |
|--|--|
| <input type="checkbox"/> Salary | <input type="checkbox"/> Housing Allowance |
| <input type="checkbox"/> Car allowance | <input type="checkbox"/> Pension |
| <input type="checkbox"/> Insurance | <input type="checkbox"/> Other _____ |

6. Proposed Sabbatical Budget:

Expenses

Travel _____ \$ _____
 Lodging _____ \$ _____
 Meals _____ \$ _____
 Other ... (Please Describe) _____ \$ _____

TOTAL _____ \$ _____

Resources

Parish Assist. _____ \$ _____
 Personal _____ \$ _____
 Other _____ \$ _____
 Request from the Diocese _____ \$ _____

TOTAL _____ \$ _____

MAIL COMPLETED FORM TO:

Commission on Ministry
Episcopal Church in Wyoming
123 South Durbin Street
Casper, WY 82601

Attach supporting documents and your proposal here

Approvals granted:

Vestry _____ Date: ____/____/____
Signature of Warden/Clerk/etc.

COM _____ Date: ____/____/____
Signature of Chair/Secretary/etc.

Bishop _____ Date: ____/____/____
Signature

Amount Disbursed \$ _____ Date: ____/____/____