

**Name** (in block capitals)**:**

**Address:**

**Telephone no.:**   **Date of Ordination:**

**Congregation(s):** **Presbytery:**

In-Service Training Number of days

Sabbatical Leave Number of weeks

1. Please provide details of the course/activity which you propose to follow/attend.

**2. What are your proposed dates of absence?**

3. Please provide a budget detailing the estimated costs for which you intend to claim.

4. What do you believe the benefits of this will be to yourself and your Congregation/Board/ Agency?

5. Please nominate, if appropriate and having sought his/her consent, a fellow Presbyter to take pastoral responsibility for your congregation(s) during your absence.

Name:

Address:

**Signed**  **Date** \_\_\_\_\_\_\_\_\_\_\_\_

Additional information may be provided on a separate sheet.