SABBATICAL REQUEST FORM/APPLICATION

As per Section 6.2.9 of the Common Personnel Policies, after five years of continuous exempt service or after five years of continuous exempt service since the previous sabbatical, an exempt employee in compensation grades 8 and above is eligible to submit a plan for a sabbatical leave with two months of full salary. No additional funds are available. The employee is expected to continue in the ministry they are serving for one year following the sabbatical. A sabbatical should be used as a time of study, reflection and renewal. It is not intended to be an extension of vacation. The activities planned during this time should relate to the mission of the church-at-large, or enhancement of performance or job/leadership skills.

Employees eligible for sabbatical, as outlined in the Common Personnel Policies, should apply for such leave six months in advance of the planned sabbatical date. To apply for a sabbatical leave, complete the request form below and return it along with your sabbatical plan to the Ministry executive for review and approval. If you are approved for sabbatical leave, the Ministry executive will notify you and provide you and your supervisor (when applicable) with a copy of the approved Sabbatical Request Form. The Ministry executive will forward the approved Sabbatical Request Form and the employee's Sabbatical Plan to Human Resources for the employee's personnel file.

| Sabbatical Request Form | to be completed by Em | ployee |
|---|-----------------------|-------------|
| Print Your Name: | Date: | Team: |
| Have you completed five continuous years of service or five continuous years since your last sabbatical? | Yes 🗆 | No 🗆 |
| Does your sabbatical plan meet the criterion as defined in the Common Personnel Policies? | Yes 🗆 | No 🗆 |
| Are you requesting two consecutive months of sabbatical? If no, please describe: | Yes | No 🗆 |
| List the dates that you are requesting for sabbatical. | Start date | Return date |
| Have you provided relevant information about your work to your supervisor to aid in coverage of work during your sabbatical? If not, indicate date supervisor can expect it. Date: | Yes 🗆 | No 🗆 |
| Have you attached your Sabbatical Plan to be approved by the Ministry executive? If no, explain. | Yes 🗆 | No 🗆 |
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Within one week following completion of the sabbatical leave, the employee is to provide a written reflection report to be submitted to their supervisor and ministry executive. A copy of the reflection report will be made available to the entire staff via the HR Newsletter. The ministry executive also reserves the right to share the written reflection report with the Board. **The employee requesting leave agrees to respond to the following questions:**

| b. How c. How | did you learn during this sabbatical? did the sabbatical impact your work going forward? did/will this sabbatical benefit the UCC? e reflect on the benefits of sabbatical. |
|---------------|---|
| _ | de by all policies and procedures related to sabbatical leave as outlined here and in the United arist Employee Handbook (Common Personnel Policies). |

Employee signature

This form should be completed by the employee requesting sabbatical. Once completed, the employee should forward the signed form, along with the attached checklist, to his or her supervisor. A meeting with the supervisor should be scheduled shortly after submission of this application to begin discussion and planning.

Date

Sabbatical Application/Request Form to be completed by the Ministry executive in consultation with Supervisor and/or Team Leader

| Sabbatical Checklist | | |
|---|-------|------|
| Sabbatical eligibility has been confirmed by Human Resources Office? | Yes 🗆 | No 🗆 |
| Employee's sabbatical Plan is attached and has been reviewed and approved by the Ministry executive. If no, explain. | Yes 🗆 | No 🗆 |
| Employee has signed the application to abide by all sabbatical leave policies and procedures as stated in Section 6.2.9 of the Common Personnel Policies. | Yes 🗆 | No 🗆 |
| Plan for coverage of work while employee is on sabbatical leave has been discussed and implemented by the employee's supervisor, team leader, and the Ministry executive. | Yes 🗆 | No 🗆 |
| Dates for sabbatical as requested by the employee have been approved by the Ministry executive? If no, indicate the reason below. Ministry executive may suggest alternative dates. | Yes | No 🗆 |
| Does employee requesting sabbatical have vacation to be used within the year? | Yes □ | No 🗆 |
| If yes, list the approved vacation dates below: to | | |
| Is staff participation required at particular events or meetings during the sabbatical period? | Yes 🗆 | No 🗆 |
| If yes, please explain: | | |

| Reason for denial of sabbatical: | | | | | | |
|---|--|------|-------|----|----|---|
| Have you met with the employee to discuss the requirement to provide a written reflection report within one week following completion of the sabbatical leave? The employee should prepare to respond to the following questions: • What did you learn during this sabbatical? • How did the sabbatical impact your work going forward? • How did/will this sabbatical benefit the UCC? • Please reflect on the benefits of sabbatical. SABBATICAL LEAVE Approved Reason for denial of sabbatical: | Is there a provision of special agreement? Explain. | Yes | | No | | |
| requirement to provide a written reflection report within one week following completion of the sabbatical leave? The employee should prepare to respond to the following questions: • What did you learn during this sabbatical? • How did the sabbatical impact your work going forward? • How did/will this sabbatical benefit the UCC? • Please reflect on the benefits of sabbatical. SABBATICAL LEAVE Approved Reason for denial of sabbatical: | 11 | Yes | | No | | |
| Reason for denial of sabbatical: | requirement to provide a written reflection report within one week following completion of the sabbatical leave? The employee should prepare to respond to the following questions: • What did you learn during this sabbatical? • How did the sabbatical impact your work going forward? • How did/will this sabbatical benefit the UCC? | Yes | | No | | İ |
| | SABBATICAL LEAVE | Appi | coved | | ed | H |
| Signature of Ministry Executive: | Signature of Supervisor: | | | | | |

Return this section of the application along with the employee's completed form and sabbatical plan to HR upon completion.