



**ARCHDIOCESE
OF PORTLAND IN
OREGON**

CONTINUING EDUCATION/SABBATICAL APPLICATION FORM

(Please submit this completed form to the Director of Continuing Education for Clergy at the address below.)

Name _____ Telephone: _____

Parish / Address _____

Check: EXTENDED PROFESSIONAL LEAVE

_____ Institutes of two weeks or more (open to all clergy)

_____ Pastoral renewal program (Must be ordained at least 10 years)

_____ Privately-designed sabbatical (3 to 4 months; must be ordained at least 10 years & approved by the Archbishop)

_____ Degree program (The needs of the Archdiocese will be the paramount consideration.)

Year of Ordination _____ Date of Application _____

Name of Program _____ Dates of Program _____

Outline of Program _____

(If possible, include a brochure or synopsis of the program. Use additional paper if necessary.)

My purpose in attending the program _____

EXPENSES

PAYMENT SCALE

	<u>PROGRAM COSTS FOR:</u>	ARCHDIOCESE	IMMEDIATE EMPLOYER	PRIEST
Tuition, Fees, Books	\$ _____			
Room and Board	\$ _____			
Transportation	\$ _____			
SUB TOTAL	\$ _____	\$ _____ (80%)		\$ _____ (20%)
Cost of Replacement	\$ _____	\$ _____ (50%)	\$ _____ (50%)	\$ _____
TOTAL	\$ _____	\$ _____	\$ _____	\$ _____

Method of providing replacement – Options: Priests available within one’s own vicariate, religious order priests, retired priests (local or national). Consult with the Personnel Board if further assistance is needed in finding replacement.

• FOR OFFICE USE ONLY •

PERSON/GROUP

DATE

RECOMMENDATION

- | | | |
|----------------------------------|-------|-------|
| 1. Archbishop | _____ | _____ |
| 2. Continuing Education Director | _____ | _____ |
| 3. Personnel Board | _____ | _____ |
| 4. Vicar for Clergy | _____ | _____ |

DEADLINE FOR APPLICATION IS FEBRUARY 1ST FOR THE FOLLOWING FISCAL YEAR

Copies to: Applicant, Archbishop, Vicar of Clergy, Director of Continuing Education, Business Office