

**DIOCESE OF DAVENPORT
SABBATICAL APPLICATION FORM**

Name: _____

Address: _____

Phone: _____

Parish/Institution: _____

What length sabbatical are you applying for?

_____ One Month _____ Four Months (14 weeks)

What are the dates of your intended sabbatical? _____

Have you previously made a diocesan-subsidized sabbatical?

_____ Yes _____ No

If so, when did it take place? _____

Where do you intend to take your sabbatical?

Return this application form along with your letter of application (see Policy Regarding Sabbaticals for Priests) to the Bishop *or the Priest Personnel Board*.