**Sabbatical Supervisory Delegation Checklist**

(Staff who supervise, use this form during your Release/Relinquish Phase to think through your responsibilities and to inform HR so they can update Workday to reflect who you are delegating your responsibilities to during your sabbatical.) Please return this form to HR.Inbox@navigators.org.

|  |  |  |
| --- | --- | --- |
| Name |   |  |
| E-Mail |   |  |
| Phone |   |  |
| Mission |   |  |
| Sabbatical Advisor |   |  |
| Sabbatical Start Date |   |  |
| Estimated End Date |   |  |
| Current Ministry Location |   |  |
| Current Supervisor |   |  |
| **Current Responsibilities** | **Delegated to:** | **Date to return delegation** |
| Staff Currently Supervised |   |   |
| Staff Financial Center viewing for staff currently supervised |   |   |
| Hourly Time Approval (for Admin Staff)  |   |   |
| Expense Report Approval |   |   |
| Personnel Changes Approvals |   |   |
| Cross- Missional Responsibilities |   |   |
| Training Responsibilities |   |   |
| Ministry Point Person Assigned |   |   |
| Other Responsibilities |  |  |