



*St. Joseph's Motherhouse  
2025 Main Street West  
North Bay, ON P1B 2X6  
Tel: (705) 474 - 3800  
Fax: (705) 474 - 6846*

**APPLICATION  
SELF-DIRECTED SABBATICAL**

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ POSTALCODE: \_\_\_\_\_

PHONE: (H) \_\_\_\_\_ (W) \_\_\_\_\_

E-MAIL: \_\_\_\_\_

**CONTACTS:**

(1) Name \_\_\_\_\_

Address \_\_\_\_\_

Phone (H) \_\_\_\_\_ (W) \_\_\_\_\_

E-Mail \_\_\_\_\_

(2) Name \_\_\_\_\_

Address \_\_\_\_\_

Phone (H) \_\_\_\_\_ (W) \_\_\_\_\_

E-Mail \_\_\_\_\_

***LETTER OF REFERENCE*** is required from your Superior General.

***SYNOPSIS OF YOURSELF*** (attach another sheet if needed)

What are your expectations? What are you looking for?

Do you have any health needs/issues which concern you as you plan for this sabbatical time?

The dates requested for sabbatical time:

Arrival \_\_\_\_\_ Departure \_\_\_\_\_

*Please complete and submit form to:  
Sister Phyllis O'Connor*