APPOINTMENT ADVISORY FORM

CLERGY

(Due in the District Office by December 1st)

Pastor's Name _____ Date _____

District _____ Church/Charge _____

GCFA Number _____

I understand that my own preference expressed here may not be realized, even though supported by my District Superintendent and the Cabinet. Further, I recognize that the appointment process may require me to move regardless of the number of years of service in my present appointment. If a move is projected, I will be invited into consultation with my Superintendent. I will accept my new appointment, reaffirming the intent of my ordination vows that I will serve as those in the United Methodist itinerant system (¶338, 2012 Discipline,) unless there are reasons for reconsideration. If I believe there are valid reasons, I will share them at the consultation and send them by letter to the Bishop with a copy to the Superintendent. The Bishop finally determines the validity of the reasons. This form is only one among many tools for use in appointment making by the Cabinet and Bishop.

CONCERNING MY APPOINTMENT FOR THE COMING YEAR (CHOOSE ONE:)

- ❑ **1. RETURN:** I request return to my present church because I believe with my gifts and skills I can make significant contributions to accomplishing the mission of the congregation.

- ❑ **2. EITHER:** I can make significant contributions to the mission of my present church, but I want to be considered for another church if my gifts can be well used. I understand that if a new appointment is projected for me, I will accept the appointment unless I provide valid reasons for reconsideration.

- ❑ **3. MOVE:** I request a new appointment. I do not believe I can make significant contribution to accomplishing the mission of my present congregation.

- ❑ 4. I will be unavailable for full-time service but available for less than full-time service. (¶338.2, 2008 Discipline.)

- ❑ **5.** I will be unavailable for appointment. This means requesting an extension ministry appointment, retirement, sabbatical, leave of absence, family leave, maternity/paternity leave, disability leave or location.
  Please indicate _____.

(After completing this form, I have discussed the answer given above with the chair of my Staff/Pastor Parish Relations Committee, both persons having signed below. **Return this form to your District Superintendent's office by December 1st.)**

SIGNED_____ **SIGNED** _____

S/PPR Committee Chair **Pastor**

DATE_____ **DATE**_____