

Church/Charge _____ Pastor _____

PASTOR'S APPOINTMENT ADVISORY
TO THE BISHOP AND CABINET

This form is to be completed and submitted to your District Superintendent only if you have decided that you wish to be considered for a change of appointment.

Due Date: January 13, 2017
(unless your DS requests an earlier date)

I have been in my present appointment _____ years.

I have conferred with the PPR Committee (or Chairperson) concerning this request:
_____ Yes _____ No

My reasons for this request are: *(Please print or type – may be continued on reverse)*

Type of appointment(s) conducive to my call, gifts and career stage, and my mission:

Special Considerations for family and/or personal reasons:
(Please review and sign the Limited Itineracy form if it applies to special considerations)

Date: _____ Pastor's Signature: _____

Date: _____ PPR/SPRC Chair Signature: _____

District Superintendent's Initials: _____ Date Received: _____

*** Due in District Superintendent's Office by January 13, 2017 or date specified by your DS