

Church/Charge \_\_\_\_\_ Pastor \_\_\_\_\_

PASTOR'S APPOINTMENT ADVISORY  
TO THE BISHOP AND CABINET

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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 15, 2018**

*(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 15, 2018 or date specified by your DS