

PASTOR'S ADVISORY FORM
For the 2021–2022 Appointment Year

Please return this form to your
District Superintendent's Office by November 1, 2020

Pastor's Name: _____

Church/Charge: _____

I desire to remain in my present appointment

I wish to be considered for another appointment and would like to meet
with my superintendent

I am seeking a change in status (retirement, leave of absence, attend
school, honorable location, part-time, etc.)

Copies of my

Continuing Education Credits for 2019 are attached.

Signed by:

Pastor: _____ **Date:** _____