

PASTOR'S ADVISORY FORM

For the 2019–2020 Appointment Year

PLEASE RETURN THIS FORM TO YOUR
DISTRICT SUPERINTENDENT'S OFFICE
BY NOVEMBER 1, 2018

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 2018 are attached.

Signed by:

Pastor: _____

Date: _____