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|  | |  |  | | |  |
| **Pastor’s Name:** | | Click here to enter text. | | | | |
| **Church/Charge:** | | Click here to enter text. | | | | |
|  | | 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 Click here to enter text. Continuing Education Credits for 2022/2023 are attached. | | | | | | |
| *Signed by:* | |  | |  | |  |
| **Pastor:** |  | | | **Date:** |  | |