

# Missouri United Methodist Conference

## Leave of Absence Report Form

### Personal Information

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_

Email \_\_\_\_\_

Phone \_\_\_\_\_ Date leave began \_\_\_\_\_

### Relationship

Charge Conference membership \_\_\_\_\_

Conference membership Full \_\_\_\_\_ Probation \_\_\_\_\_ Associate \_\_\_\_\_

### Last appointment

Church \_\_\_\_\_

District \_\_\_\_\_

Present Occupation \_\_\_\_\_

What led you to seek a Leave of Absence?

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Do you desire an end to your Leave of Absence at the next session of the Annual Conference? Yes \_\_\_\_\_ No \_\_\_\_\_ (if yes, write a statement outlining your reasons)

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Do you request an extension of your Leave of Absence for the coming appointment year? Yes \_\_\_\_\_ No \_\_\_\_\_ (if yes, write a statement outlining your reasons)

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**Report of Ministerial duties performed**

Number of Holy Communion services celebrated \_\_\_\_\_

Number of sermons preached \_\_\_\_\_

Number of marriage ceremonies performed \_\_\_\_\_

Number of funeral services conducted \_\_\_\_\_

**Narrative of other activities related to the ministerial office**

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\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Attach a copy of your report to your charge conference.

Return to:

Bishop \_\_\_\_\_ and  
United Methodist Conference Center  
3601 Amron Court  
Columbia, MO 65202

Trudy McManus  
United Methodist Conference Center  
3601 Amron Ct  
Columbia, MO 65202