EXTENSION MINISTER’S APPOINTMENT REQUEST FORM—
(this form is for an ordained or diaconal minister serving in an Extension Ministry)

Name of Minister: (please print or type, thank you)

Administrator of Employing Agency:

Mailing Address: ____________________________
Phone: ____________________________
E-mail: ____________________________

Please indicate if there are special situations for consideration by the Cabinet in your appointment:

If married, is spouse employed outside the home? Yes: ______ No: ______
Spouse’s employment and location:

In the United Methodist Church, the itinerant system is the method by which clergy are assigned to churches. Appointments are made by the Bishop in consultation with the District Superintendents. In order to know your desire, please check one of the following. As you are aware, your request is advisory only.
I request,
• to remain in my present appointment
• to be considered for another appointment
• a less than full-time appointment
• a special appointment (para. 334-336, Book of Discipline)
• a Leave of Absence
• a Sabbatical Leave
• Retirement. My birth date is: _______________
• Transfer to another Annual Conference. My preference is:
• a review of my appointment with my District Superintendent • other

A) I have shared this report with my employing agency: Yes _____ No _____

B) Will the requested appointment reflect, on your part, a commitment to “intentional fulfillment of your Ordination vows to Word, Sacrament, and Order?” [If serving under para. 335.1d of the Book of Discipline] Yes _____ No _____
Please use the space provided (or attach additional sheets) to address the following:

1. Summarize the highlights of your ministry this past year.
2. Give an account of your continuing education during this past year and an outline of your continuing education plans for next year.
3. On which Conference of District Boards, Commissions, Teams, or Agencies do you now serve?
4. On which Conference or District Boards, Commissions, Teams, or Agencies would you like to serve?
5. In what ways can the Bishop, the Cabinet and/or the Board of Ordained Ministry be more supportive of you?

Signature: ___________________________________________
Date: _______________________________________________

Please complete this form, by JANUARY 13, 2017. MAKE 3 COPIES and send them to
1. Bishop - Missouri Annual Conference, 3601 Amron Court, Columbia, MO 65202 (fax 573-441-0765)
2. Trudy McManus, 3601 Amron Court, Columbia, MO 65202 (fax 573-441-1780 or as an attachment to tmcmanus@moumethodist.org)
3. Your District Superintendent
4. Keep the ORIGINAL for your files