

Limited Itinerancy Form
New York Annual Conference

After prayerful discernment, discussion with family members who are impacted by the moves necessary under an open appointment system, and consultation with my District Superintendent, _____, I am submitting my request to be placed in a “limited itinerant” category.

I make this request for the following reason(s) (check all that apply):

- 1. Employment of my spouse requires that we remain within commuting distance of _____ or within the community in which I currently reside.
- 2. My child/children are enrolled in local schools and need to remain to complete their education or are in a transitional year. Year of completion _____.
- 3. My child/children are receiving education to address special needs or other educational support which is not or may not be offered elsewhere.
- 4. I myself or a family member are undergoing medical treatment or rehabilitation and need to remain in this location until completion of this process.
- 5. I myself or my spouse are completing our education and need to be in this location for commutability.
- 6. My child/children are enrolled in college in the state where I am appointed and I must retain residency for scholarship/tuition support.
- 7. My spouse (if applicable) and I are caring for elderly parents/family members and would find it difficult to relocate at this time.
- 8. Other (please specify with as much detail as needed):

I expect my need for “limited appointment” consideration will not change in the foreseeable future.

I expect my “Limited Appointment” capacity to change to “Open Appointment” capacity at this time: (month/year if known): _____

By signing this document, I understand the following:

- As a clergyperson with limited appointment capacity, I am not guaranteed a church size or salary commensurate with what I am currently serving/receiving.
- I understand that I may or may not be asked to remain in my current appointment setting (Limited itinerancy is no guarantee of maintaining one's current appointment).
- I understand that the only appointment available within my geographical limitations may be less than full-time.
- I understand that if I am living in my own home, I may be required to commute to my appointment in another community.
- I understand that if I am unable to continue service in my current setting or cannot accept an appointment offered under these conditions, I will seek another status under the provisions of paragraph 353 of the 2016 United Methodist Book of Discipline (voluntary leave of absence, personal leave, family leave, transitional leave).

Pastor _____ (signed)

District Superintendent _____ (signed)

Date _____