

***Please note: This is a two page document. Please complete both pages.***

As part of the ongoing consultation process, the Cabinet seeks to understand your sense of your ministry and its potential. To help us in our work, please consider and respond to the items listed below. You should return your form to your Superintendent no later than December 1, 2017. Please remember that appointments are made annually by the Bishop.

**Clergy Name:** \_\_\_\_\_

\_\_\_\_\_ I will be retiring at this session of the Annual Conference.

\_\_\_\_\_ I will be returning to school full time, asking for a Sabbatical, or seeking an Appointment in Extension Ministry (AIEM) after this session of Annual Conference (*circle the appropriate request*).

\_\_\_\_\_ I would like Bishop to consider allowing me to remain in this appointment for the following reasons (*Please use another sheet of paper, if necessary*):

\_\_\_\_\_ I believe effective ministry is taking place in my present appointment, but I understand that my gifts and graces may be needed missionally in another setting and I would be pleased to have the Bishop appointment me elsewhere.

\_\_\_\_\_ I believe effective ministry is taking place in my present appointment, but the church is not able to maintain the level of compensation I am currently receive.

\_\_\_\_\_ I am requesting a change of appointment for the following reasons (*Please use another sheet of paper, if necessary*):

What special needs and concerns (*i.e., special educational or medical needs of children or family, care of aging parents of other dependants, issues of spousal employment, etc.*) should the Cabinet be aware of? (*Please respond to this question whether or not you hope to move, using additional sheets of paper, if necessary.*)

*(Please respond to the following two questions whether or not you hope to move.)*

1. Have you attended the Boundaries and Dual Relationships Training Event? Yes \_\_\_\_\_ No \_\_\_\_\_

If so, please give the date and location of that training: \_\_\_\_\_

2. Have you attended an Anti-Racism training event? Yes \_\_\_\_\_ No \_\_\_\_\_

If so, please give the date and location of that training: \_\_\_\_\_

Signature \_\_\_\_\_

Dated: \_\_\_\_\_, 2017