

Pastor/Staff Parish Relations Appointment Review Form (2019)
[Document 2 of Your Consultation Process with Your District Superintendent]
To be filled out in consultation with the pastor.

Please send this form to your DS by email a week prior to your church's charge conference this Fall or Winter, (or by December 1, 2019 for churches with a charge conference in December or January).

Pastor: _____ **Church/Charge:** _____ **District:** _____

The Pastor/Staff Parish Relations Committee met on ___/___/____ (date). Following our discussion with our pastor, and after prayerful consideration and discernment, we make the following advisory recommendation regarding the pastoral leadership for our church/charge:

- It is in the best interest of our church/charge that our pastor be re-appointed to our church for another year.
- We would like for our pastor to be returned, but the church's/charge's ministry is spiritually healthy and would continue in a positive fashion even if our pastor were appointed elsewhere and a new pastor appointed here.
- Our church/charge could benefit by a change in pastor, but our congregation's ministry is spiritually healthy and could continue with our present pastor for another year if it is difficult for the Bishop and Cabinet to create a change.
- We would like a new pastoral appointment because we can no longer financially support the present level of ministry (e.g., change from Full Time to Less Than Full Time).
- It is evident that a move is in order. We believe this decision represents the best interests of the church/charge and that the gifts for ministry of our present pastor will be better utilized in another appointment.
- It is our understanding that our pastor will not be re-appointed to this church/charge because of retirement or an extension ministry appointment, etc.

We recognize that this recommendation is advisory to the Bishop and Cabinet, but affirm that it is our best judgment.

Signed _____ **Date:** ___/___/____
 (Chairperson, Pastor/Staff-Parish Relations Committee)

Factors considered in selecting the above recommendation include:

A) Missional needs of the church/charge:

- 1. _____
- 2. _____
- 3. _____

B) Other:

- 1. _____
- 2. _____

Committee Members Present:

Pastor's Signature: _____ **Date:** ___/___/____

(Signature by the pastor indicates his or her participation in the process, but not necessarily agreement with the conclusions).