

Pastor's Name: _____
Church/Charge: _____

PASTOR'S ADVISORY FORM
2009

**PLEASE COMPLETE THIS FORM AS A PART OF THE CONSULTATION
PROCESS AND RETURN IT TO
YOUR DISTRICT SUPERINTENDENT
BY NOVEMBER 15, 2009**

_____ I desire to remain in my present appointment.

_____ I wish to be considered for another appointment and would like to meet with my superintendent.

_____ I am seeking a change in status (retirement, leave of absence, attend school, honorable location, part-time)

Copies of my _____ Continuing Education Credits for 2009 are attached.

Signed _____ (Pastor)

Signed _____ (S/PRC Chair)

Charge: _____ Date: _____