
**CENTRAL STATES SYNOD
ROSTER REPORT FORM
ON LEAVE FROM CALL (OLFC) REQUEST**

Name:		
Address:		
City:	State:	Zip:
Phone (Daytime):	Phone (Evening):	Email Address:

Date of resignation from last call:

On Leave From Call (OLFC) Status is granted by the Synod Council upon approval by the Bishop. Are you requesting OLFC Status?

☐

Yes

☐

No

What is the basis for your request?

Describe the directions/goals that you have established related to your OLFC status.

Describe your specific planned activities for the next 12 months related to this OLFC status.

In what congregation are you a member?

***If you have questions, contact the Synod Office at 913-948-9701.
21 N. 12th Street, #210, Kansas City, KS 66102***