

**THE UNITED METHODIST CHURCH  
ANNUAL REPORT OF CLERGY MEMBER ON LEAVE OF ABSENCE**

First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone (\_\_\_\_) \_\_\_\_\_ Office Phone (\_\_\_\_) \_\_\_\_\_

E-mail Address \_\_\_\_\_ Birthday \_\_\_\_\_

Conference \_\_\_\_\_ District \_\_\_\_\_

Conference Membership: Deacon in Full Connection  Elder in Full Connection   
Provisional Member  Associate Member

Last appointment served on what district: \_\_\_\_\_

Number of years on leave of absence (including this year) \_\_\_\_\_

Present occupation \_\_\_\_\_

Do you desire to request an end to your leave of absence at the next session of the annual conference?  
Yes  No  If yes, attach a statement outlining your reasons for this request.

Do you desire to request an extension of your leave of absence for the coming appointment year?  
Yes  No  If yes, attach a statement outlining your reasons for this request.

Please attach a copy of your report to the charge conference regarding performances of ministerial duties.

Signature \_\_\_\_\_ Date \_\_\_\_\_

\*\*\* Note \*\*\*

1. Clergy members requesting an extension to their leave must do so by written request (§354.1).
2. Members seeking to end their leave of absence with an appointment by the bishop must submit their written request to the Board of Ordained Ministry and cabinet six months prior to the session of the annual conference (§354.11).
3. When clergy members do not request an extension of the leave of absence annually, or do not indicate willingness to itinerate at the end of the five-year period, provisions of location (§359) or the complaint procedures of §363 may be invoked.

Please send to: Rev. Sylvia Wilhelm, 1207 W. Dixon Blvd., Shelby, NC 28152-5131, by December 1<sup>st</sup>.