**The United Methodist Church**

**Appointment to an Extension Ministry**

NAME BUSINESS PHONE ( ) HOME PHONE ( ) FAX ( ) E-MAIL BUSINESS ADDRESS CITY STATE ZIP HOME ADDRESS CITY STATE ZIP

* HOME

PREFERRED ADDRESS FOR MAILING PURPOSES AND FOR INCLUSION IN JOURNAL:

* BUSINESS

FULL MEMBER PROVISIONAL MEMBER ASSOCIATE MEMBER LOCAL PASTOR OF ANNUAL CONFERENCE CHARGE CONFERENCE MEMBERSHIP DISTRICT

If you are under appointment outside the conference of which you are a member, please complete the following:

Conference where you serve Bishop District District Superintendent Affiliate charge conference membership TITLE/POSITION AGENCY/INSTITUTION BASE COMPENSATION (YEAR ) $ UTILITIES AND OTHER HOUSING RELATED ALLOWANCES

TRAVEL ALLOWANCE OTHER CASH ALLOWANCES

PLEASE INDICATE YOUR APPOINTMENT CATEGORY: (¶ 344.1)

* + a. Appointed within the connectional structure
	+ b. Endorsed by the UM Endorsing Agency within the General Board of Higher Education and Ministry
	+ c. In service with General Board of Global Ministries
	+ d. Appointed to other valid approved extension ministry

Attach: 1) a brief narrative of your ministry during the past year including a copy of your annual evaluation; and 2) evidence of your continuing education and spiritual growth program and future plans. (¶ 344.2)

Date SIGNED

SEND COPIES TO:

1. Bishop
2. District Superintendent
3. Board of Ordained Ministry
4. Conference Secretary
5. Bishop of area in which you serve, if other than area of which you are a member

A copy of this report may be used to inform the Charge Conference(s) of which you are a member and an affiliate member in keeping with ¶316.1 and 344.3 a,b.

\*A copy of this report should be used to inform the United Methodist Endorsing Agency, PO Box 340007, Nashville, TN 37203- 0007 in keeping with ¶344.1b.

THE GENERAL COUNCIL ON FINANCE AND ADMINISTRATION

Revised 2/2017