**The United Methodist Church**

**Appointment to an Extension Ministry**

NAME: Click or tap here to enter text. BUSINESS PHONE: Click or tap here to enter text.   
HOME PHONE: Click or tap here to enter text. FAX: Click or tap here to enter text.   
E-MAIL: Click or tap here to enter text. BUSINESS ADDRESS: Click or tap here to enter text. CITY : Click or tap here to enter text. STATE: Click or tap here to enter text. ZIP: Click or tap here to enter text. HOME ADDRESS: Click or tap here to enter text. CITY: Click or tap here to enter text. STATE: Click or tap here to enter text. ZIP: Click or tap here to enter text.

PREFERRED ADDRESS FOR MAILING PURPOSES AND FOR INCLUSION IN JOURNAL:  HOME  BUSINESS

FULL MEMBER  PROVISIONAL MEMBER  ASSOCIATE MEMBER  LOCAL PASTOR OF  
ANNUAL CONFERENCE: Click or tap here to enter text.

CHARGE CONFERENCE MEMBERSHIP Click or tap here to enter text.  
DISTRICTClick or tap here to enter text.

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

Conference where you serve: Click or tap here to enter text. Bishop: Click or tap here to enter text.

District : Click or tap here to enter text. District Superintendent: Click or tap here to enter text. Affiliate charge conference membership: Click or tap here to enter text.

TITLE/POSITION: Click or tap here to enter text.

AGENCY/INSTITUTION: Click or tap here to enter text.

BASE COMPENSATION (YEARClick or tap here to enter text.) $ Click or tap here to enter text.

UTILITIES AND OTHER HOUSING RELATED ALLOWANCES

TRAVEL ALLOWANCE: Click or tap here to enter text.

OTHER CASH ALLOWANCES : Click or tap here to enter text.

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: Click or tap here to enter text. SIGNED: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

COPIES MUST BE SENT TO:

1. Bishop – abotti@epaumc.org
2. District Superintendent
3. Board of Ordained Ministry – christopherkurien@gmail.com
4. Conference Secretary – [conferencesecretary@epaumc.org](mailto:conferencesecretary@epaumc.org)

Please download a copy for your records, and send copies to:

1. Bishop of area in which you serve, if other than area of which you are a member
2. DEACONS – Submit to GBHEM through deacons@gbhem.org

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