

Appointment Change Form Full Time, Currently Appointed

Effective Date _____

Name _____

District _____ New Church/Charge Name _____

Conference Relation _____

Base Compensation _____

Utilities/Parsonage Allowances _____

Housing Allowance _____ or Parsonage _____

Leave of Absence _____ Involuntary Medical Sabbatical Voluntary

Please circle type of leave

Personal _____

Family _____

Transitional _____

_____ District Superintendent