

# Missouri United Methodist Conference Incapacity Leave Report Form

## Personal Information

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

Phone \_\_\_\_\_ Date leave began \_\_\_\_\_

E-mail \_\_\_\_\_

## Relationship

Charge Conference membership \_\_\_\_\_

Conference membership Full \_\_\_\_\_ Probation \_\_\_\_\_ Associate \_\_\_\_\_

## Last appointment

Church \_\_\_\_\_

District \_\_\_\_\_

Do you desire to resume full-time ministerial work at the next session of the Annual Conference? Yes \_\_\_\_\_ No \_\_\_\_\_

*You must initiate and process through your current District Superintendent. Medical verification will be required.*

Do you request an extension of your Incapacity Leave for the coming appointment year? Yes \_\_\_\_\_ No \_\_\_\_\_

*You must initiate and process through your current District Superintendent. Medical verification will be required.*

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

*Attach a copy of your report to your charge conference.*

Return to:

Bishop Robert Schnase  
United Methodist Conference  
Center 3601 Amron Ct.  
Columbia, MO 65202

**and**

Trudy McManus  
United Methodist Conference Center  
3601 Amron Ct.  
Columbia, MO 65202