

Missouri United Methodist Conference

Leave of Absence Report Form

Personal Information

Name _____ Date of Birth _____

Address _____

Email _____

Phone _____ Date leave began _____

Relationship

Charge Conference membership _____

Conference membership Full _____ Probation _____ Associate _____

Last appointment

Church _____

District _____

Present Occupation _____

What led you to seek a Leave of Absence?

Do you desire an end to your Leave of Absence at the next session of the Annual Conference? Yes _____ No _____ (if yes, write a statement outlining your reasons)

Do you request an extension of your Leave of Absence for the coming appointment year? Yes _____ No _____ (if yes, write a statement outlining your reasons)

Report of Ministerial duties performed

Number of Holy Communion services celebrated _____

Number of sermons preached _____

Number of marriage ceremonies performed _____

Number of funeral services conducted _____

Narrative of other activities related to the ministerial office

Signature

Date

Attach a copy of your report to your charge conference.

Return to:

Bishop Robert Schnase and
United Methodist Conference Center
3601 Amron Court
Columbia, MO 65202

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