

THE UNITED METHODIST CHURCH APPLICATION FOR CHANGE IN CLERGY RELATIONSHIP TO THE ANNUAL CONFERENCE Form 106

Name:				
	First	Middle	Last	
Address:Street		City	State	ZIP
Cell Phone: ()				
			,	
	District:			
I hereby request the	following change i	n my relationship to the annu	al conference:	
	Discontinuance as a Local Pastor (¶320.1)			
	Discontinuance as a Provisional Member (¶327.6)			
	Appointment to Less than Full-Time Service (¶338.2)			
	Appointment to Extension Ministry (¶344.1)			
	Sabbatical Leave (¶352)			
	Voluntary Leave of Absence – Personal (¶354.2a)			
	Voluntary Leave of Absence – Family (¶354.2b)			
	Transitional Leave of Absence (¶353.4c)			
	Maternity/Paternity Leave (¶356)			
	Medical Leave (¶357)			
	Retirement (¶358)			
	Between Sessions of the Annual Conference (¶358.2d)			
	Man	datory Retirement (¶358.1)		
	☐ With 20 Years of Service (¶358.2a)			
	With 30 Years of Service or at Age 62 (¶358.2b) With 40			
	Years	s of Service or at Age 65 (¶35	58.2c)	
	Honorable Locat	tion (¶359)		
	Withdrawal to Unite with Another Denomination (¶361.1)			
	Withdrawal from the Ordained Ministerial Office (¶361.2)			
	Withdrawal Und	er Complaints or Charges (¶3	361.3)	
Signature:			Date:	