

Date: \_\_\_\_\_



## PENNYRILE DISTRICT PASTOR'S APPOINTMENT CONSULTATION

Charge/Church: \_\_\_\_\_

Pastor's Name: \_\_\_\_\_

PPR/SPR Chairperson: Name \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Pastor's Signature: \_\_\_\_\_

Date you completed this form: \_\_\_\_\_

**How many C.E.U.'s (Continuing Education Units) you have completed this calendar year?**

**Have you yet taken the required Boundaries Training for the 2016 – 2019 quadrennium?**

All part time pastors are required to complete on average two C.E.U.'s per year. Full time pastors and elders are required by the Board of Ordained Ministry to take on average four C.E.U.'s per calendar year. This information will give the Bishop and Cabinet an indication of clergy education progress. Those taking the Course of Study are meeting this requirement. If you have completed "Boundaries Training" this year, you will have at least one C.E.U. to your credit.

I understand that as a United Methodist pastor that *this consultation is advisory* in the appointment making process. I trust the Bishop and the Appointive Cabinet to prayerfully consider what is best for me and my family and for our entire Kentucky Annual Conference. After prayerful consideration, I would ask the Bishop and Appointive Cabinet to consider the following:

\_\_\_\_\_ I believe I should return for another year.

\_\_\_\_\_ I believe that it would be in the best interest of me and my congregation(s) for the Bishop and Cabinet to consider moving me.

\_\_\_\_\_ I have no preference either way. If reappointed, I will work to make the Kingdom grow. If the Bishop and Cabinet are led to move me, I will do everything to make a smooth transition possible for a new pastor.

Please share briefly the details of your discernment related to this conclusion.