
Please Print Clergy Name Here

**PASTOR/STAFF PARISH RELATIONS COMMITTEE INPUT FOR
DISTRICT SUPERINTENDENT**

Church or Charge _____

Chairperson's Name, Address, and Phone Number _____

Please complete the form and return it to your District Superintendent. The choices below are for your consideration. Please take no votes. Rather gain a consensus of the Committee members' wishes.

In our estimation, it is absolutely critical that our pastor return. Our reasons are _____

_____ (Use back of form for more space.)

_____ We request that our pastor return another year and do not feel a need to meet with our Superintendent unless the Superintendent desires consultation.

_____ We have concerns about our pastoral leadership and desire to talk with our Superintendent.

_____ Our pastor has indicated that he or she will not be available next year (e.g., retiring, taking another position, etc.) and we wish to meet with our Superintendent.

Please realize that this form is preliminary to appointment-making. It will be taken seriously, however, some unexpected changes may be required. If your pastor's situation does change, your Superintendent will consult with you as soon as possible.

*** * * Signatures of Pastor and Committee Members Present * * ***

Pastor: _____

Chairperson: _____

