

**The United Methodist Church – Arkansas Conference
Voluntary Leave of Absence Annual Report
AND
REQUEST FOR EXTENSION OR END OF LEAVE OF ABSENCE**

Name: _____

Home Address: _____

City/State/Zip: _____

Home Phone: _____ Home FAX _____

Home Email: _____

Current Occupation: _____

Employer: _____

Employer Address: _____

City/State/Zip: _____

Work Phone: _____ Work FAX _____

Work Email: _____

Type of Voluntary Leave of Absence (Check one):

Personal Family Transitional

Conference Membership (Check One):

Deacon in Full Connection Elder in Full Connection
 Probationary Member Associate Member

Current Charge Conference: _____

Current Charge Conference Mailing Address: _____

Last Charge/Church Appointment: _____

District (Last Appointment): _____

Date Granted Leave of Absence: _____

CHECK ONE:

I request and **END** to my Leave of Absence at the next session of the Arkansas Annual Conference. **Complete the attached statement outlining your reasons for this request and how you have addressed and resolved the specific reasons for going on Leave of Absence you gave when you requested a Leave of Absence status.**

I request an **EXTENSION** of my Leave of Absence at the next session of the Arkansas Conference. **Complete the attached report outlining the how you have resolved the issues that were present when you requested to be placed on Leave of Absence.**

Please summarize the specific reason(s) for your request for Leave of Absence when you first requested to be placed on Leave of Absence [See Paragraph 354.3]. Use additional sheets if necessary.

If you are requesting an **EXTENSION** of your Leave of Absence, please give an update on your current situation. Indicate how the above specific reasons have been addressed and how they are still relevant at this time. Include your specific reasons for needing to be continued on Leave of Absence for an additional year. Use additional sheets as necessary.

If you are requesting an **END** of your Leave of Absence, please share how you have resolved the issue(s) you gave when you requested to be placed on Leave of Absence. Use additional sheets as necessary.

Signature: _____ Date: _____

1. Please attach a copy of your annual report regarding your performance of ministerial duties. Please include a narrative of what you are doing.
2. Send a copy of this form and your annual report to nmerdith@arumc.org or
Nancy Meredith, Secretary
Arkansas Conference Board of Ordained Ministry
800 Daisy Bates Drive
Little Rock, AR 72202
3. Clergy Members **REQUESTING AN EXTENSION** of their Leave of Absence must submit their written request including reasons for request at **least six** [6] months prior to the session of the Annual Conference. [Paragraph 354, 2016 Discipline]
4. Clergy Members **REQUESTING AN END** to their Leave of Absence must submit their written request at **least six** [6] months prior to the session of the Annual Conference. Paragraph 354, 2016 Discipline]
5. When clergy members do not request an extension of the Leave of Absence annually, or do not indicate willingness to itinerate at the end of the five year limit, the Board of Ordained Ministry may recommend location or termination of conference membership. [Paragraph 354, 2016 Discipline]

Clif Christopher
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Arkansas Board of Ordained Ministry
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