

INTERIM CHANGE OF APPOINTMENT BETWEEN CONFERENCE SESSIONS

Within The South Georgia Annual Conference

Name _____

CONFERENCE RELATIONSHIP (check one):

<input type="checkbox"/> Deacon in Full Connection	<input type="checkbox"/> Retired Member	<input type="checkbox"/> Member Other Denomination
<input type="checkbox"/> Elder in Full Connection	<input type="checkbox"/> Full-Time Local Pastor	<input type="checkbox"/> Diaconal Minister
<input type="checkbox"/> Associate Member	<input type="checkbox"/> Part-time Local Pastor	<input type="checkbox"/> Deaconess
<input type="checkbox"/> Probationary Member (1992)	<input type="checkbox"/> Member Other Conference	
<input type="checkbox"/> Probationary Elder	<input type="checkbox"/> Other:	

LEAVE:

<input type="checkbox"/> Voluntary	<input type="checkbox"/> Family	<input type="checkbox"/> Sabbatical
<input type="checkbox"/> Involuntary	<input type="checkbox"/> Administrative	<input type="checkbox"/> Transitional

OTHER:

<input type="checkbox"/> Honorable Location	<input type="checkbox"/> withdrawal/surrender of ministerial office
---	---

CHANGE OF STATUS: From _____ To _____ (e.g., FL to PL)

If remaining a member of another annual conference or denomination while serving this appointment, please enter conference or denominational name. _____

NOTE: If appointed to less than full-time service, *check* applicable fraction of time:

<input type="checkbox"/> 1/4	<input type="checkbox"/> 1/2	<input type="checkbox"/> 3/4
------------------------------	------------------------------	------------------------------

Effective date of new appointment/status (month, day, year) _____

FROM _____ Charge/Appointment _____ District _____

Former mailing address _____

TO _____ Charge/Appointment _____ District _____

New mailing address _____

Email _____

Base compensation in new appointment \$ _____

Housing in new appointment:

<input type="checkbox"/>	Parsonage provided	<input type="checkbox"/>	Cash housing allowance	\$ _____	per year
--------------------------	--------------------	--------------------------	------------------------	----------	----------

Check if appointed as:

<input type="checkbox"/>	Senior Pastor	(replacing)							
<input type="checkbox"/>	Associate Pastor	(replacing)							
<input type="checkbox"/>	Local Church Staff	(Title)							
<input type="checkbox"/>	Appointment as Extension Minister	<input type="checkbox"/>	FE	<input type="checkbox"/>	RE	<input type="checkbox"/>	PE	<input type="checkbox"/>	LP
<input type="checkbox"/>	Appointment Beyond the Local Church	(Deacon)							

Church phone _____ Home phone _____

Previous pastor at this charge _____

Date _____ Signature of District Superintendent _____

Furnish copies to:

<input type="checkbox"/>	Vance Mathis	<input type="checkbox"/>	Miriam Hagan	<input type="checkbox"/>	Brad Brady	<input type="checkbox"/>	Lowery Brantley	<input type="checkbox"/>	Sandy Scaggs
--------------------------	--------------	--------------------------	--------------	--------------------------	------------	--------------------------	-----------------	--------------------------	--------------

Form AC ICA 

If this is a new person to our conference please supply the information requested on page 3

If this is a new person to the Conference please provide the following:

TITLE: (check one)

	Rev.		Dr.		Bishop		Mr.		Mrs.		Ms.
--	------	--	-----	--	--------	--	-----	--	------	--	-----

Preferred Name _____

First Name	Middle Name	Last Name	Suffix	Gender

Date of Birth (month, day, year) _____

RACE: (check one)

	ASIAN		AFRICAN-AMERICAN/BLACK		HISPANIC
	NATIVE AMERICAN		OTHER		PACIFIC ISLANDER
					WHITE

Ministry Start Date (month, day, year) _____

PREFERRED MAILING: (check one)

	Home		Church
--	------	--	--------

HOME ADDRESS:

City		State		Zip	

PHONE NUMBERS:

Home		Fax		Cell	
------	--	-----	--	------	--

MARITAL STATUS:

	Married		Divorced		Single		Widowed
--	---------	--	----------	--	--------	--	---------

SPOUSE:

First Name	Middle Name	Last Name	Date of Birth	Gender

DEPENDENTS: (living at home)

First Name	Middle Name	Last Name	Date of Birth	Gender