

**VIRGINIA ANNUAL CONFERENCE  
of the  
UNITED METHODIST CHURCH**

**PASTOR/STAFF PARISH RELATIONS COMMITTEE FORM**

[to be filled out annually in consultation with the Pastor]

Pastor \_\_\_\_\_ Church/Charge \_\_\_\_\_ District \_\_\_\_\_

The Pastor/Staff Parish Relations Committee met on \_\_\_\_\_ (date). Following our discussion with our Pastor, and after prayerful consideration and discernment, we make the following advisory recommendation regarding the pastoral leadership for our Church/Charge:

- \_\_\_\_\_ It is in the best interest of our Church/Charge that our pastor be re-appointed for another year.
- \_\_\_\_\_ We would like for our pastor to be returned, but in the event a change is made, we will work with our new pastor to insure the continuation of the Church/Charge's ministry.
- \_\_\_\_\_ Our Church/Charge could benefit by a change in pastor, but in the event this does not occur, we will work with our current pastor for effective ministry in the year to come.
- \_\_\_\_\_ It is evident that a move is in order. We believe this decision represents the best interests of the Church/Charge.
- \_\_\_\_\_ It is our understanding that our pastor will not be re-appointed to this Church/Charge because of retirement, or extension ministry appointment, etc.

***We recognize that this recommendation is advisory to the Bishop and Cabinet, but affirm that it is our best judgment.***

Factors considered in selecting the above recommendation include:

A) Missional needs of the Church/Charge:

- 1. \_\_\_\_\_
- 2. \_\_\_\_\_

B) Other factors:

- 1. \_\_\_\_\_
- 2. \_\_\_\_\_

C) Does your Church/Charge:      own a parsonage ( )      provide a housing allowance ( ) ?

Our signatures below mean:

1) We have met with our pastor and discussed our conclusions.

2) We understand that The United Methodist Church is committed to appointing persons to churches without regard to race, ethnic origin, gender, color, disability, marital status, or age. [*The Book of Discipline (2004)*, Paragraph 430.1]

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Number of persons on committee: \_\_\_\_\_ Number present when recommendation was made: \_\_\_\_\_

Committee Chair's Signature: \_\_\_\_\_ Telephone: \_\_\_\_\_ E-mail: \_\_\_\_\_

The Staff/Pastor Parish Relations Committee members have discussed their recommendation with me.

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

*Please keep one copy for S/PPRC files and send this original to the District Superintendent.*