

Pastor: _____
Charge: _____

APPOINTIVE RECOMMENDATION SUPPLEMENTAL FORM

S/PPRC - Complete this form if you check one of the following options on the Appointive Recommendation:

- Our mission can best be met with a new pastor, but our current pastor may return.
- Our mission can best be met with a new pastor.

Return with the Appointive Recommendation to the District Office by December 1.

1. For what reasons are you requesting a change in pastor? Please be specific.

2. a. Were the reasons listed above identified on the last assessment of the pastor submitted to the DS?

___ Yes ___ No ___ New pastor, so no assessment on file yet

b. How have you tried to address these issues with the pastor? If so, how?

The following S/PPRC members have created and/or agreed with the responses on this form:

Chairperson: _____ Date: _____

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

I have seen the report and had the opportunity to discuss it with the S/PPRC.

Pastor: _____ Date: _____