

Change of Appointment Form
Global Methodist Church

Pastor		Name of Current Appointment	
Full Name			
Date of Birth		Effective Date of New Appointment	
Mailing Address		If Interim, Start & End Date	
Email Address		Salary	
Preferred Phone #		Parsonage	Yes No
		Housing Allowance	Yes No
New Church Appointment		If yes, list amount	
Church Name			
Church Physical Address			
Church Mailing Address		Appointment Status	
Church Phone		Pastor or Senior Status, Full Time	Yes No
Church Email		Pastor or Senior Status, Less than Full Time	Yes No
		Percentage	75% 50% 25%
Provisional AC or TCAT		Extension Ministry	Yes No
		Senior Status, No Appointment	Yes No
		Not Appointed	Yes No
		<i>If Extension Ministry:</i>	
		Pastor/Employer Participating in Pension Benefits	Yes No
		Pastor/Employer Participating in GM Church Health Insurance	Yes No

Name of Person Completing Form: _____

Date Submitted: _____

The Change of Appointment Form must be complete and sent to the Benefits Officer at rvangiesen@globalmethodist.org