



LEXINGTON DISTRICT SPRC APPOINTMENT CONSULTATION 2019

Charge/Church: _____

Pastor's Name: _____

PPR/SPR Chairperson: Name _____ **Phone:** _____ **Email:** _____

Date _____

PPR/SPR Members Present:

Signature

Print Your Name

We are a United Methodist Congregation and we are aware that this consultation is advisory in the appointment making process. We trust the Bishop and Appointive Cabinet to prayerfully consider what is best for our congregation/charge and for our entire Kentucky Annual Conference. After prayerful consideration by our committee, we would ask the Bishop and Appointive Cabinet to consider the following:

____ We believe our pastor should be returned for another year.

____ We believe that it would be in the best interest of our congregation and the pastor for the Bishop and Cabinet to consider making a change in leadership. Vote Count ____ Favor ____ Opposed ____

____ We have no preference either way. If our pastor is reappointed we will work to make the Kingdom grow. If the Bishop and Cabinet are led to change our leadership, we will work with and support a new pastor.

Please share briefly the details of the SPRC/PPR committee's discernment related to this conclusion.

Pastor's Signature: _____

Date: _____

*Please use the back of this form or attachments if needed to answer the above questions.