

2018 Follow-up Question to the 2017 Congregational Report

As each of you remember from your 2017 individual charge conference reports, the Congregational Report consisted of a series of questions around Intentional Disciple-making Systems. Each church was asked if it had a written system, and we discovered that the vast majority of our churches did not. This was not really a surprise. The good news is many of you are involved in Engaging, Connecting, Equipping, and Sending types of ministry, but you have never coordinated those ministries as a system and described why you are doing what you do. The flip side of that is that we often get “stuck” doing the same types of programs over and over again and have long forgotten why we do what we do.

Many of you received education around Disciple-Making Systems by either your District Superintendent or our conference lay leader, LaToya Redd Thompson. You were asked to begin the work necessary to put in writing and in practice a way of being intentional about the missional directive for all churches “to go and make disciples.” As a follow-up to your previously shared congregation conference report, we wanted to provide an opportunity for a follow-up conversation with your church’s leadership team, your district superintendent, and others to see if additional resourcing is needed as you are moving forward toward reaching this goal. We want ALL of our churches to be successful in fulfilling this important mission of God’s church.

As a way to keep this goal before us, please review and be prepared to respond to the following question:

How has your work in developing an Intentional Disciple Making System helped you engage and build relationships differently both in and out of your church?

2019 CLERGY BUDGET COMPENSATION PACKAGE

REPORT OF PASTOR (STAFF) - RELATIONS COMMITTEE TO CHARGE CONFERENCE

PASTOR'S NAME _____ Last 4 digits of Social Security # XXX-XXX-_____

CHARGE NAME: _____ DISTRICT _____ Begin date for this compensation: _____

Church/Salary Paying Entity Name						Column 6
District Number						COMBINED
Church GCFA Number (6 digit number)						TOTAL
NOTE: Use One column per salary paying unit	1	2	3	4	5	FOR YEAR
A. Clergy Compensation Items						
A 1. Cash Salary (Include on line 1 W-2) If you are not retired clergy and serve FULL time, see instructions for line A-1 on back for required amount)						
A 2. Salary Support (Equitable Comp, New Church, etc) (Include on line 1 W-2)						
B. Salary Reductions (not included on Line 1 of W-2)						
B-1. Wespah (General Board of Pension) UM Personal Investment Plan (UMPIP) (Include in Box 12 on W-2 code E)						
B-2. Conference Health Plan Premiums						
B-3. Health Flexible Spending Accounts (See Instructions)						
B-4. Child Care Flexible Spending Account (See Instructions)						
B-5. Health Saving Accounts (See Instructions)						
C. Housing Related Allowances (Not included on Line 1 on W-2 should be included on block 14 and noted as Clergy Housing)						
C-1. Housing(Only if Not living in UM provided parsonage)						
C-2. Utilities and Appurtenances (UM Parsonage or not)						
D. Sub Total All Lines in Sections A, B, C This is Clergy Compensation						
E. Employer Reimbursable Expense Limit: Is a plan adopted? ___yes ___no (Not on W-2)						
F. Total (Basis for appointment and for Clergy Benefit Billing Add lines D and E)						

 Clergy Signature Column 1=PPRC Chair & Treasurer Signature Column 2=PPRC Chair & Treasurer Signature

 Column 3=PPRC Chair & Treasurer Signature Column 4=PPRC Chair & Treasurer Signature Column 5=PPRC Chair & Treasurer Signature

NOTE: Only District Superintendent will complete below
For 2018 Charge Conference Season DUE in Benefits Office no later than 12-3-2018

*Does Pastor live in a United Methodist provided parsonage? Yes ___ No ___ **Time Appointed: Full ___ Less than full time ___

Clergy Status _____ DS Approval _____ Date Faxed to Treasurer _____ **601-326-0568**



2019 Clergy Budget Compensation Package Instructions

General Instructions:

This form is used by the charge conference for officially setting the salary of appointed pastors and determining the Clergy Benefit that the conference will bill. Also, this form can also be of real benefit in providing documentation required by the IRS. Remember, this form must be adopted at Charge Conference and line F can only be changed by Charge Conference Action.

- All amounts are to be **ANNUAL** (not monthly) amounts regardless of the date of the appointment.
- A separate column must be used for each salary paying unit (District Appointment, Wesley Foundation, etc) .
- Be sure to check your addition and enter sub totals and totals in the correct boxes.
- You must use column 6 to total all columns.
- Be sure all signatures are obtained before submitting the form to the District Superintendent at charge conference.
- All payments to or on behalf of the clergy must be included on this form; ie: church paid utilities, insurance contributions, annual conference meeting reimbursements etc.

Data Section-Top of Form

All blanks must be properly completed. Be sure you enter the GCFA and the church conference number.

Use begin date for this compensation to indicate effective date of this compensation.

GCFA and church conference numbers may be found on your mission share report.

Section A: Clergy Compensation Items

A-1 This is the cash salary that is to be included on the W-2 form. If you are clergy by tax law definition and not retired, an amount must be entered on this line. You must have a minimum cash salary of 4% of plan compensation for full time clergy and 5.75% for less than full time clergy. Plan compensation is line D if you do not live in a UM provided parsonage. If you do live in a UM provided parsonage, plan compensation is 125% of line D. This definition is determined by General Conference and Wespath (General Board of Pension).

A-2 Equitable compensation and new church salary is a grant to the local church. **Check with your DS for the correct amount** to enter here, if any. The conference treasurer direct deposits the funds to the church account and the local church treasurer pays those designated funds to the pastor. The amount is included on the W-2 form.

Section B: Salary Reductions

B-1 **Full time clergy must contribute up to 1%** of plan compensation to receive the conference equivalent match of up to 1%. Plan compensation is defined in A-1 above.

B-2 **Only Mississippi Conference Insurance Plan Contributions** can be listed on this line according to the Affordable Care (ACA). As a salary reduction, premiums that are listed must be billed to and remitted by the local church/salary paying entity.

B-3 Line B-3 is an annual election on January 1, 2019 for the FSA. It will carry over to any appointment change. **To enter any amount** on this line, the Affordable Care Act (ACA) requires that Clergy must be **eligible to participate in the Conference provided group health insurance plan**. If an amount is entered on this line, the administration of the plan must be through the conference benefits office.

B-4 The Conference FSA plan provides an annual election for a child care plan up to the maximum levels as provided by IRS guidance. It will carry over to any appointment change. If an amount is entered on this line, the administration of the plan must be through the conference benefits office. The Conference Benefits Office will provide the paperwork to get this established. The plan must be completed by December 4, 2018.

B-5 The HSA level of participation is governed by the high deductible plan in which the participant enrolls. It will carry over to any appointment change. If an amount is entered on this line, the administration of the plan must be through the conference benefits office. Enrollment through the Conference plan requires paperwork completion by December 4, 2018.

Section C: Housing Related Allowances Housing allowances are two types and should be paid equally over the year. Clergy are required to account for these funds to the IRS. Line C-1 are the funds paid to the pastor by the church to provide a parsonage when the pastor is not living in a UM parsonage. Utilities and appurtenances (line C-2) are acceptable whether the home is provided by the church or pastor. These amounts can be changed for future months-not prior months. Be sure you submit any changes on this form to your district office. This amount should be entered on line 14 of the W-2 Form and marked as Clergy housing.

Section D is the total of all lines in sections A, B, and C.

Section E: Employer Reimbursable Expense Limit This is the block where you will enter the amount budgeted by the church for employee business expenses. There must be a plan adopted by the Board or charge conference prior to payment of the first check. The pastor is accountable to the church for these reimbursed expenses. These amounts **shall not** be included on the W-2 form. Any amount not used cannot be legally paid to the pastor.

Section F: Total Basis for Appointment and Clergy Pension Benefit Invoice The appointment basis is the grand total of the compensation line D amount plus the church's reimbursable plan amount on Line E. This amount must be adopted by charge conference. This is also the amount that Clergy Benefit invoice is based on.

The following chart allows the church to compute the 2019 Clergy Benefit Invoice amount for budgeting purposes. The church will receive one bill for clergy benefits. The Clergy Benefit is an expense of the salary paying entity and is NOT chargeable to the Pastor.

Church/Salary Paying Entity Name (Same as page 1)						Column 6
District Number (Same as page 1)						COMBINED
Church GCFA Number (6 digit number) (Same as page 1)						TOTAL
NOTE: Use One column per salary paying unit	1	2	3	4	5	FOR YEAR
Section 1. Enter amount as determined by instructions for Section 1.						
Section 2. If the pastor lives in a UM provided parsonage follow the instruction for Section 2. If not, enter -0-.						
Section 3. Follow the instructions for Section 3						
Section 4: Enter the amount as determined by the instructions for Section 4 below.						

Section 1: From Page 1, determine F. Total less A 2. Salary Support.

Section 2: Multiply line Section 1 by 25% and enter here. (Note: The 25% factor is the Wespath (General Board of Pension) determined rate to give value to a UM provided parsonage and is for benefits computations only.) (See front page at bottom under the District Superintendent section to determine if a pastor lives in a parsonage.)

Section 3: For an amount to enter into Section 3, add Section 1 and Section 2.

Section 4: Follow the instructions below and enter in Section 4. This annual amount will be billed in monthly increments. ACH is available for payment of this amount and there is a \$10 discount available for using the ACH method.

Use only one of the following lines:

1. If your pastor is full time, multiply Section 3 by 26.5% and enter in Section 4.
2. If your pastor earns in total more than \$20,454 and is serving less than full time (see bottom of page 1), multiply Section 3 by 20% and enter in Section 4.
3. If your Pastor in total earns less than \$20,454 and is serving less than full time (see bottom of page 1), multiply Section 3 by 6% and enter in Section 4.

Benefit Rates for 2019 as adopted by 2018 Annual Conference are as follows:

1. Pension- Full Time 15.5%
2. Pension ¾ Time-Total Salary in excess \$20,454 9%
3. Pension ½ time Total Salary less than \$20,454 6%
4. Medical Benefits Total package in excess of \$20,454 11%

2019 BUDGET COMPENSATION PACKAGE FOR NON CLERGY REPORT OF PASTOR (STAFF) - RELATIONS COMMITTEE TO CHARGE CONFERENCE

NOTE: By tax law, clergy is defined as one who is ordained, licensed or commissioned as clergy by an Ordaining Body

NAME _____ Last 4 digits of Social Security # XXX-XXX-_____

CHARGE NAME: _____ DISTRICT _____ Begin date for this compensation: _____

Church/Salary Paying Entity Name							Column 6
District Number							COMBINED
Church GCFA Number (6 digit number)							TOTAL
NOTE: Use One column per salary paying unit	1	2	3	4	5	FOR YEAR	
A. Total SPRC/PPRC Budget for Non Clergy Start Computation on instructions in Section A.							
A.1 Cash Salary							
A.2 FICA/Medicare Match-Church Expense							
A.3 Employer Reimbursable Expense Limit: Is a plan adopted? <input type="checkbox"/> yes <input type="checkbox"/> no (Not on W-2)							
A.4 Total SPRC/PPRC Budget as adopted at the Charge Conference							
B. Payroll Check Computation							
B-1. Cash Salary A-1 above divided by number of pay periods Pay period is Monthly (12) _____ Semi-Monthly(24) _____ Bi-weekly(26) _____ Weekly(52) _____							
B-2. FICA: Multiply B-1 times 6.2%							
B-3. Medicare: Multiply B-1 by 1.45 %							
B-4 Federal Withholding-(Consult W-4 and Federal Withholding Tables in Circular E)							
B-5 State Withholding-(Consult Form 89-350 and State Withholding Tables)							
B.6 Net Pay-Check to Employee							

_____ Non Clergy Signature
 _____ Column 1=PPRC Chair & Treasurer Signature
 _____ Column 2=PPRC Chair & Treasurer Signature
 _____ Column 3=PPRC Chair & Treasurer Signature
 _____ Column 4=PPRC Chair & Treasurer Signature
 _____ Column 5=PPRC Chair & Treasurer Signature

NOTE: Only District Superintendent will complete below

For 2018 Charge Conference Season DUE in Benefits Office no later than 12-3-2018

*Does non clergy live in a United Methodist provided parsonage? Yes _____ No _____ **Time Appointed: Full _____ Less than full time _____

DS Approval _____ Date Faxed to Treasurer _____ Fax Number **601-326-0568**



2019 NON Clergy Budget Compensation Package Instructions

General Instructions:

This form is used by the charge conference for officially setting the salary of appointed non clergy pastors and determining the Clergy Benefit that the conference will bill. Also, this form can be of real benefit in providing documentation required by the IRS. Remember, this form must be adopted at Charge Conference and Section A can only be changed by Charge Conference Action.

- All amounts in section A are to be **ANNUAL** (not monthly) amounts regardless of the date of the appointment.
- A separate column must be used for each salary paying unit (District Appointment, Wesley Foundation, etc) .
- Be sure to check your addition and enter totals in the correct boxes.
- You must use column 6 to total all columns.
- Be sure all signatures are obtained before submitting the form to the District Superintendent at charge conference.
- The church must file forms 941 and W-2 and pay the taxes to the IRS
- The church is responsible to pay the Direct Invoice to the conference as it is received. There is a credit for paying by ACH.

Data Section-Top of Form

All blanks must be properly completed. Be sure you enter the GCFA and the church conference number.

Use the begin date for this compensation to indicate effective date of this compensation.

GCFA and church conference numbers may be found on your mission share report.

Section A: Total SPRC/PPRC Budget for Non Clergy (Start computations here)

A-1 This is the cash salary that is to be included on the W-2 form and is the basis for the computation of FICA and Medicare. The annual amount (Line 3 below) actually paid is included on the W-2 form in blocks 1, 3, 5, and the State Wages block.

This amount is determined in the following manner. Please round all numbers:

1. Begin with Page 1 A-4 which is the amount approved at charge conference. 1 _____
2. Subtract A-3 Page 1 that is also approved at charge conference 2 _____
3. Subtract 2 from 1 and enter here. This is the cash compensation and employer tax 3 _____
4. Divide Line 3 by 1.0765 and enter here and on A-1page 1 . 4 _____

A-2 Multiply A-1 by 7.65% and enter into block A-2. This should be the same amount computed above on A-1 (4).

A-3 Employer Reimbursable Expense Limit This is the block where you will enter the amount budgeted by the church for employee business expenses. There must be a plan adopted by the Board or charge conference prior to payment of the first check. The appointee is accountable to the church for these reimbursed expenses. These amounts **shall not** be included on the W-2 form. **Any amount not used cannot be legally paid to the appointee. Doing so actually nullifies the adopted Reimbursement Plan.**

A-4 Be sure that the total on page one of A-1, A-2 and A-3 equals the amount on page 1 A-4. Also remember that this is the amount set by charge conference.

Section B: Payroll Check Computation (DO NOT round these figures)

B-1 Divide the amount on page 1 in A. 1 by the annual number of pay periods

(Monthly=12, Semi Monthly= 24, Bi-weekly= 26, Weekly= 52).

B-2 Multiply B-1 by .062 and enter the results here.

B-3 Multiply B-1 by .0145 and enter the results here.

B-4 Using the W-4 and Circular E issued by the IRS, determine the appropriate federal withholding.

B-5 Using the Form 89-350 and the State Withholding Table, determine the appropriate state withholding.

B-6 Subtract B2, B-3, B-4, B-5 from B-1 and enter the results here. This is the net pay for the employee.



2019 NON Clergy Budget Compensation Package Instructions

(Continued)

Clergy Benefits Invoice: Line A-4, page 1 will be used to invoice the local church for the funding of the clergy benefits. By conference action, all appointments will be direct invoiced for the clergy benefits, even though the current appointment may choose not to participate or is ineligible for enrollment for the benefits. This is the way to level the budget process as churches have changes in their pastors or pastors have changes in their status.

The following chart allows the church to compute the 2019 Clergy Benefit Invoice amount for budgeting purposes. The Clergy Benefit is an expense of the salary paying entity and is NOT chargeable to the Pastor.

Church/Salary Paying Entity Name (Same as page 1)						Column 6
District Number (Same as page 1)						COMBINED
Church GCFA Number (6 digit number) (Same as page 1)						TOTAL
NOTE: Use One column per salary paying unit	1	2	3	4	5	FOR YEAR
Section 1. Enter amount from Page 1 Line A-4.						
Section 2. If the pastor lives in a UM provided parsonage follow the instruction for Section 2. If not, enter -0-.						
Section 3. Add Section 1 and Section 2.						
Section 4: Enter the amount as determined by the instructions for Section 4 below.						

Section 1: From Page 1, enter the amount on A 4.

Section 2: Multiply line Section 1 by 25% and enter here. (Note: The 25% factor is the Wespath (General Board of Pension) determined rate to give value to a UM provided parsonage and is for benefits computations only.) (See front page at bottom under the District Superintendent section to determine if a pastor lives in a parsonage.)

Section 3: For an amount to enter into Section 3, add Section 1 and Section 2.

Section 4: Follow the instructions below and enter in Section 4. This annual amount will be billed in monthly increments. ACH is available for payment of this amount and there is a \$10 discount available for using the ACH method.

Use only one of the following lines:

1. If your pastor is full time, multiply Section 3 by 26.5% and enter in Section 4.
2. If your pastor earns in total \$20,454 or more and is serving less than full time (see bottom of page 1), multiply Section 3 by 20% and enter in Section 4.
3. If your Pastor in total earns less than \$20,454 and is serving less than full time (see bottom of page 1), multiply Section 3 by 6% and enter in Section 4.

Benefit Rates for 2019 as adopted by 2018 Annual Conference are as follows:

1. Pension- Full Time 15.5%
2. Pension ¾ Time-Total Salary in excess \$20,454 9%
3. Pension ½ time Total Salary less than \$20,454 6%
4. Medical Benefits Total package in excess of \$20,454 11%



Report of the Pastor

The report of the pastor shall include the names of all persons involved in the changes in membership and other items as outlined in the 2016 *Book of Discipline* (§§ 234, 340). This report should cover as fully as possible the work of the pastor. Care should be taken not to duplicate the reports of the Church Council, committees, organizations, and officers of the charge.

Copies of this report should be filed with the recording secretary, pastor, and district superintendent.

_____ Church _____ Charge
 _____ District _____ Annual Conference

For the period beginning _____ and ending _____
DATE OF PRIOR CHARGE CONFERENCE DATE OF CURRENT CHARGE CONFERENCE

1. List those who have been received into baptized membership since the last report.
(Attach as a supplement to the senior pastor's report only.)
2. List those who have been received into professing membership since the last report.
(Attach as a supplement to the senior pastor's report only.)
 - a. On profession of faith or restored.
 - b. From other United Methodist churches.
 - c. From other non-United Methodist churches.
3. List those who have been removed from the professing membership since the last report.
(Attach as a supplement to the senior pastor's report only.)
 - a. By action of the Charge Conference, or trial court, or by withdrawal.
 - b. By transfer to other United Methodist churches.
 - c. By transfer to other non-United Methodist churches.
 - d. By death.
4. Have the membership records and rolls been audited (§231)? Yes No
 If not, why not?
5. The Pastor shall give a report on the state of the church and an account of pastoral ministry as it relates to (§ 340): providing support, guidance, and training to the lay membership in the church; ministering within the congregation and to the world; and administering the temporal affairs of the congregation. Include as a part of the report a statement outlining the pastor's program of continuing education and spiritual growth for the past year and plans for the year to come (§ 349). *(Attach as a supplement.)*

Signed _____

Printed Name _____

Date _____



Living Out
The POWER of We

Charge Conference

For Information on the positions please review *The Book of Discipline 2016 ¶310* for descriptions.

Church Name _____

GCFA# _____

Candidates for Ministry

New Candidates for Ministry

Church Member who has begun the inquiry/candidacy process since the last charge conference -1

Prefix _____ First Name _____ Last Name _____ Suffix _____

Email Address _____ Mobile Phone _____ Home Phone _____

Mailing Address _____

Gender: Female Male _____ Date of Birth _____

Ethnicity: African American/Black Caucasian/White Other: _____

Church Member who has begun the inquiry/candidacy process since the last charge conference -2

Prefix _____ First Name _____ Last Name _____ Suffix _____

Email Address _____ Mobile Phone _____ Home Phone _____

Mailing Address _____

Gender: Female Male _____ Date of Birth _____

Ethnicity: African American/Black Caucasian/White Other: _____

Approval of Candidates for Ministry

Church Member who is needing approval for certification since the last charge conference -1

Prefix _____ First Name _____ Last Name _____ Suffix _____

Email Address _____ Mobile Phone _____ Home Phone _____

Mailing Address _____

Gender: Female Male _____ Date of Birth _____

Ethnicity: African American/Black Caucasian/White Other: _____

Church Member who is needing approval for certification since the last charge conference -2

Prefix	First Name	Last Name	Suffix
Email Address		Mobile Phone	Home Phone
Mailing Address			
Gender:	Female	Male	Date of Birth
Ethnicity: African American/Black Caucasian/White Other:_____			

Previously Approved

Church Member previously approved and who is continuing as candidate for ordained ministry -1

Prefix	First Name	Last Name	Suffix
Email Address		Mobile Phone	Home Phone
Mailing Address			
Gender:	Female	Male	Date of Birth
Ethnicity: African American/Black Caucasian/White Other:_____			

Church Member previously approved and who is continuing as candidate for ordained ministry -2

Prefix	First Name	Last Name	Suffix
Email Address		Mobile Phone	Home Phone
Mailing Address			
Gender:	Female	Male	Date of Birth
Ethnicity: African American/Black Caucasian/White			
Other:_____			



ANNUAL REPORT OF THE DEACON

Form for the Appointment of Deacon in Full Connection
or Provisional Member in the Deacon Track

The General Council on Finance and Administration

PART I

Name: _____

Business Phone: _____ Home Phone: _____

Cell Phone: _____ Fax: _____

Business Address: _____ City: _____ State: _____ Zip: _____

Home Address: _____ City: _____ State: _____ Zip: _____

Preferred address for mailing purposes and inclusion in the journal: Home: Business:

Clergy membership status: Full Connection Provisional

Annual Conference: _____

Charge Conference: _____ District: _____

PART II (Attach sheet if needed)

1. If you are serving in a setting extending the witness and service of Christ in the world (§331.1a), give the name and address of the institution or agency.

According to §331.4, deacons in full connection serving in an agency or setting beyond the local church shall relate to a local congregation. Give the name and address (including district and conference) of the local church to which you relate and serve as your second appointment.

2. If your primary field of service is in the local church, give the name and address of the local church, district, and conference.

3. If you are under appointment outside the conference of which you are a member, please complete the following:

Conference where you serve _____ Bishop _____

District _____ District Superintendent _____

For affiliate charge conference membership, give the name and address (including district and conference) of the local church to which you relate.

Title/Position: _____

Agency/Institution: _____

Base compensation: (Year _____) \$ _____

Utilities and other housing related allowances _____

Travel allowance _____ other cash allowances _____

Please indicate your appointment category:

- a. Agency or setting beyond the local church
- b. United Methodist Church-related agency, school, college, theological school, or ecumenical agency
- c. Local congregation, charge, or cooperative parish
- d. Endorsed by the General Board of Higher Education and Ministry
- e. In service with General Board of Global Ministries

PART III

Area of your certification, specialization, or field of service:

Have you mailed your request for annual review and renewal of certification, specialization to the appropriate agency? Yes No

First Year Second Year Third year Fourth Year Fifth Year (¶353)

Read ¶328 and ¶329 of The Book of Discipline. Reflect, and write about the ways in which you have lived out your call to the ministry of the deacon connecting the congregation with the needs of the world.

Describe in what new ways you envision connecting the congregation with the needs in the world.

According to ¶419 the district superintendent shall receive a report of each clergy person on his or her program of continuing education and spiritual growth. According to ¶350 list the ways you have fulfilled your plans for your continuing personal formation during the past year, including spiritual enrichment, service, missional, and continuing education opportunities.

According to ¶350 describe your plans for your continuing formation during the year ahead.

(Attach additional pages if necessary)

Signature _____ Date_____

SEND COPIES TO:

1. The Bishop
2. District Superintendent
3. Board of Ordained Ministry
4. Bishop of the area in which you serve, if other than area of which you are a member.
5. Conference Secretary
6. Charge Conference

Copies of this report may also be used to inform the General Board of Higher Education and Ministry



The United Methodist Church

Appointment to an Extension Ministry

NAME _____

BUSINESS PHONE (_____) _____ HOME PHONE (_____) _____

FAX (_____) _____ E-MAIL _____

BUSINESS ADDRESS _____

CITY _____ STATE _____ ZIP _____

HOME ADDRESS _____

CITY _____ STATE _____ ZIP _____

PREFERRED ADDRESS FOR MAILING PURPOSES AND FOR INCLUSION IN JOURNAL: HOME BUSINESS

FULL MEMBER _____ PROVISIONAL MEMBER _____ ASSOCIATE MEMBER _____ LOCAL PASTOR _____

OF _____ ANNUAL CONFERENCE

CHARGE CONFERENCE MEMBERSHIP _____ DISTRICT _____

If you are under appointment outside the conference of which you are a member, please complete the following:

Conference where you serve _____ Bishop _____

District _____ District Superintendent _____

Affiliate chargeconference membership _____

TITLE/POSITION _____

AGENCY/INSTITUTION _____

BASECOMPENSATION (YEAR _____) \$ _____

UTILITIES AND OTHER HOUSING RELATED ALLOWANCES _____

TRAVEL ALLOWANCE _____ OTHER CASH ALLOWANCES _____

PLEASE INDICATE YOUR APPOINTMENT CATEGORY: (§ 344.1)

- a. Appointed within the connectional structure
- b. Endorsed by the UM Endorsing Agency within the General Board of Higher Education and Ministry
- c. In service with General Board of Global Ministries
- d. Appointed to other valid approved extension ministry

Attach: 1) a brief narrative of your ministry during the past year including a copy of your annual evaluation; and 2) evidence of your continuing education and spiritual growth program and future plans. (§ 344.2)

Date _____ SIGNED _____

SEND COPIES TO:

1. Bishop
2. District Superintendent
3. Board of Ordained Ministry
4. Conference Secretary
5. Bishop of area in which you serve, if other than area of which you are a member

A copy of this report may be used to inform the Charge Conference(s) of which you are a member and an affiliate member in keeping with ¶316.1 and 344.3 a, b.

*A copy of this report should be used to inform the United Methodist Endorsing Agency, PO Box 340007, Nashville, TN 37203-0007 in keeping with ¶344.1b.

Charge Conference

Honorable Location Report

For information on this report please review The Book of Discipline 2016 ¶358

Prefix

First Name

Last Name

Suffix

Email Address

Mobile Phone

Home Phone

Complete Mailing Address

Home Church (where Charge Conference is held)

Conference #

I wish to continue on Honorable Location. _____

Honorable Location – **retired status** shall be requested in writing to the Bishop, Cabinet, and registrar of the Board of Ordained Ministry at least 90 days prior to the Annual Conference session. ¶359.3. I wish to be granted the status of Honorable Location-Retired this year. _____

Please report below marriages performed, baptisms administered, and funerals conducted and submit to your charge conference with signatures of located pastor and charge conference pastor.

Marriages: _____

Baptisms: _____

Funerals: _____

Honorable Location Pastor (signature)

Date

Retired Pastor Report

For information on this report please review The Book of Discipline 2016 ¶357.5.

Prefix *First Name* *Last Name* *Suffix*

Email Address *Mobile Phone* *Home Phone*

Complete Mailing Address

Home Church (where Charge Conference is held) *Conference #*

All retired clergy members who are not appointed as pastors of a charge, after consultation with the pastor and the district superintendent, shall have a seat in the charge conference and all the privileges of membership in the church where they elect to hold such membership except as set forth in the *Discipline*. They shall report to the charge conference and to the pastor all marriages performed, baptisms administered, and other pastoral functions. If they reside outside the bounds of the annual conference where membership is held, they shall forward annually to the charge conference where membership is held a report of their Christian and ministerial conduct, signed by the district superintendent or the pastor of the affiliate charge conference where they reside.

Please report below marriages performed, baptisms administered, and other pastoral functions conducted and submit to your charge conference with signatures of retired pastor and district superintendent or charge conference pastor.

Marriages: _____

Baptisms: _____

Funerals: _____

Other Pastoral Functions: _____

Retired Pastor (signature) District Superintendent or Charge Conference Pastor (signature) Date

Charge Conference

Preaching Station Report

Preaching Station Name _____ Conference # _____
GCFCA # _____

This report being made to the Charge Conference of _____ (charge name)
on _____ (date).

1. How often are regular worship services being conducted? _____
2. Is the church building covered under the conference-wide insurance program managed by Arthur J. Gallagher Risk Managers?
3. Are internal controls that are in compliance with The Book of Discipline 2016 ¶258.4.c being followed? _____
4. Who are the persons duly elected to act on behalf of the church as:

Treasurer _____
Prefix First Name Last Name Suffix

A form of contact: Email Address, Mobile Phone, Home Phone or Complete Mailing Address

Trustee (Property) _____
Prefix First Name Last Name Suffix

A form of contact: Email Address, Mobile Phone, Home Phone or Complete Mailing Address

Council Chair _____
Prefix First Name Last Name Suffix

A form of contact: Email Address, Mobile Phone, Home Phone or Complete Mailing Address

The above approved by vote of the membership of the preaching station date: _____

Council Chair Signature: _____

Charge Conference

Minutes for Signatures

Church _____ District _____ GCFA # _____ District # _____

These actions taken by the duly called charge conference on the _____ day of _____, 20____,
held at _____.

Signatures: Pastor _____

Recording Secretary of Charge Conference _____

District Superintendent _____

If not D.S., presiding Elder _____

SUBMIT: Please make two copies of this charge conference packet (one for your church's records and one for signatures at charge conference). Prior to your charge conference, submit one copy of this packet per the instructions of your District Superintendent.

1. Congregation Report Follow Up Question (**required-no set format**)
2. 2018 Clergy Compensation Form (**required** for each appointed pastor)
3. Pastor's Report (**required** form for each appointed pastor)
 - a. List of members removed and added since last Charge Conference (**required-no set format**)
 - b. Continuing Education Certificates (**required-no set format**)
4. Finance/Trustees Reports
 - a. Copy of Internal Controls (**required-no set format**)
 - b. Copy of Insurance Policy Declaration Page (if not using conference-wide insurance plan)
 - c. Copy of Safe Sanctuaries Policy (**required-no set format**)
5. Lay Leadership Recommendations (**required-no set format**)
6. Spiritual Leadership Forms
 - a. Candidates for Ministry (if applicable using **required** form)
 - b. Deacon in Full Connection (if applicable using **required** form)
 - c. Extension Ministry for Elders (if applicable using **required** form)
 - d. Honorable Location Report (if applicable using **required** form)
 - e. Retired Pastor Report (if applicable using **required** form)
7. Preaching Station Report (if applicable using **required** form)