

PASTORAL TENURE BENEFITS APPLICATION

Name: _____ Date: _____

Beginning Date of Service in Ohio: _____

Describe the proposed Study Tour/Enrichment Activity: _____

Dates of proposed event: _____

Location of event: _____

List the anticipated benefits to you in participating in this activity:

1. _____

2. _____

Is vacation time included? Yes No If yes, number of days: _____

Is your spouse accompanying you? Yes No

What month would you like to receive your tenure allowance? _____

How and where can you be contacted in case of emergency?

Person(s) responsible for providing emergency services (funerals, hospital visits, etc.) to your congregation(s) in your absence:

(Name)

(Telephone)

(Church)

(Name)

(Telephone)

(Church)

Have arrangements been made for speaking appointments for all Sabbath and other services during your absence? Yes No (*Attach schedule of speakers*)

Have you provided your Church Board and Elders information about your proposed tour/activity, including a listing of speakers, persons' providing emergency services, etc.? Yes No

Complete and send to the President, Ohio Conference, at least eight (8) weeks prior to proposed event.

Approved by: _____ Date _____