

# Calvary Gospel Church Ministry Change Form

*This form is to be completed by the ministry member and the ministry director when a member of a ministry seeks a leave-of-absence, resignation or transfer from a church ministry. Once completed, this form should be returned to a member of the Ministry Placement Team. Please also note that, if the request is for a transfer, the ministry member should also complete a Ministry Application for the "new" ministry, and return both forms to a member of the Ministry Placement Team.*

FULL NAME:	BEST TIME TO CALL:
ADDRESS:	HOME PHONE:
CITY, STATE, ZIP:	CELL PHONE:

*Please check one:*

Leave of Absence
  Resignation
  Transfer

From which ministry and ministry position is the member leaving:

If a leave of absence is requested:

Last day: \_\_\_/\_\_\_/\_\_\_      Return date: \_\_\_/\_\_\_/\_\_\_

If a transfer is requested, to which ministry does the member wish to transfer? What position does the member wish to fulfill in the "new" ministry?

In the case of transfer or resignation from his or her ministry, we ask that the ministry member and ministry director discuss the reason for wishing to leave. Please indicate the results of that conversation:

Please address any unresolved issues/conflicts associated with the member's current ministry placement, and discuss the possible resolutions of any such issues/conflicts. *Note that our goal is to ensure a smooth transition from/into a ministry.*

*Office Use Only below this line (Please insert dates):*

Director Contacted: \_\_\_/\_\_\_/\_\_\_    Pastoral Approval \_\_\_/\_\_\_/\_\_\_    Individual ReAss-  
igned \_\_\_/\_\_\_/\_\_\_

Scanned: \_\_\_/\_\_\_/\_\_\_

OTHER: \_\_\_\_\_