



South Carolina Conference
The United Methodist Church

**Appointment to an
Extension Ministry Report**

NAME: _____

BUSINESS PHONE: _____ HOME PHONE: _____

FAX: _____ EMAIL: _____

BUSINESS ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

HOME ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PREFERRED ADDRESS FOR CONFERENCE PURPOSES: HOME or BUSINESS

_____ OF THE SOUTH CAROLINA ANNUAL CONFERENCE

CHARGE CONFERENCE MEMBERSHIP: _____ DISTRICT: _____

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

Conference where you serve: _____ *Bishop:* _____

District Superintendent: _____ *District:* _____

Affiliate charge conference membership: _____

TITLE/POSITION: _____

AGENCY/INSTITUTION: _____

ANNUALIZED BASE COMPENSATION (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 General Board of Higher Education and Ministry
- c. In service with General Board of Global Ministries
- d. Appointed to other valid approved extension ministry

- 1) Use the second page to provide a brief narrative of your ministry during the past year.
- 2) Attach a copy of your annual evaluation
- 3) Complete the Annual Continuing Education Report & attach evidence of your continuing education. You are encouraged to use the Charge Conference Continuing Education Form. You may use the attached Continuing Education Form or log into your Pastor's Profile and update your existing Continuing Education Report.

(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 Paragraph 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 Paragraph 344.1b.)

Date: _____ SIGNED: _____

send copies to: 1. bishop (bishop@umcsc.org) 2. district superintendent 3. clergy services (clergyservices@umcsc.org)
4. Bishop of area in which you serve, if other than SC

(Page 2 - narrative of your ministry during the past year)

NAME: _____

