



# MATERNITY/PATERNITY LEAVE REQUEST

**¶ 355. Maternity or Paternity Leave (2016 Book of Discipline)**

*Maternity or paternity leave, not to exceed one-fourth of a year, will be available and shall be granted by the bishop and the cabinet, and the executive committee of the Board of Ordained Ministry to any local pastor, provisional member, associate member, or clergy member in full connection who so requests it at the birth or arrival of a child into the home for purposes of adoption.*

1. *Persons desiring maternity or paternity leave should file their request with the committee on pastor-parish relations after consulting with the district superintendent at least ninety days prior to its beginning to allow adequate pastoral care for the churches involved to be developed.*
2. *During the leave, the clergy member's annual conference relations will remain unchanged, and the health and welfare benefit plans will remain in force.*
3. *A maternity or paternity leave of up to one-quarter of a year will be considered as an uninterrupted appointment for pension purposes.*
4. *Compensation will be maintained for no less than the first eight weeks of leave.*
5. *During the leave time, pastoral responsibility for the church or churches involved will be handled through consultation with the committee on pastor-parish relations of the local church(es) and the district superintendent.*

- Instructions:**
1. *The initial request form should be completed and signed by the requesting Clergy. Note: In the case of Clergy Couples, each clergy must submit a separate form if both are requesting leave.*
  2. *Submit the form to the Office of Clergy Services, (4908 Colonial Dr., Suite 122, Columbia, SC 29203 or email: [clergyservices@umcsc.org](mailto:clergyservices@umcsc.org)), send a copy to your District Superintendent.*
  3. *The Board of Ordained Ministry's Executive Committee and the Appointive Cabinet will act upon your request and send the signed form to the requesting Clergy and their S/PPRC chairperson.*
  4. *The S/PPRC should send the completed form to the pastor, the District Superintendent and a copy to Clergy Services.*

\_\_\_\_\_ \_\_\_\_\_  
FULL NAME (First Middle Last, Suffix) Status

\_\_\_\_\_

\_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_  
Best Phone Number Conference Email District Current Appointment

Anticipated date of birth or adoption: \_\_\_\_\_

Dates requested for leave: **FROM** \_\_\_\_\_ **TO** \_\_\_\_\_

Total number of weeks requested: \_\_\_\_\_ (maximum 12 weeks)

\_\_\_\_\_ \_\_\_\_\_  
Date of Request Requesting Clergy's Signature

Approved by Board of Ministry: \_\_\_\_\_ \_\_\_\_\_  
BOM Approval Date Coordinator of Clergy Services Signature

Approved by Appointive Cabinet: \_\_\_\_\_ \_\_\_\_\_  
Cabinet Approval Date Cabinet Secretary Signature

Total number of **PAID** weeks requested by Clergy: \_\_\_\_\_

Total number of **PAID** weeks approved by Staff-Parish Relations Committee: \_\_\_\_\_ (must be for no less than the first eight weeks of leave.)

Approved by Staff/Parish Relations Committee: \_\_\_\_\_ \_\_\_\_\_  
S/PPRC Approval Date S/PPRC Chairperson Signature