

To: Minneapolis Area Synod Council

Date: \_\_\_\_\_

## REQUEST AND STATEMENT FOR "ON LEAVE FROM CALL" STATUS For Ministers of Word and Sacrament and Ministers of Word and Service

I request that the Synod Council of the Minneapolis Area Synod or its Executive Committee grant me the status of:

- \_\_\_\_\_ On Leave From Call
- \_\_\_\_\_ On Leave From Call – for Family Responsibilities\*
- \_\_\_\_\_ On Leave From Call – for Graduate Study\*

I resigned from \_\_\_\_\_ effective \_\_\_\_\_  
(Name of Employer and Position)

My new mailing address is:

\_\_\_\_\_

E-mail: \_\_\_\_\_ Phone: \_\_\_\_\_

My congregation membership is at:

\_\_\_\_\_

(Street address, City, State, Zip Code)

Anticipated date I will be available for call: \_\_\_\_\_

My plans while on leave from call are:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I intend to participate in \_\_\_\_\_ congregation of this church.  
(Name of Congregation)

I understand that I remain accountable to the Bishop of the Minneapolis Area Synod and will continue to meet the criteria and standards of this church for its rostered leaders. I also understand this status will be reviewed each year, upon my request, according to the Evangelical Lutheran Church in America by-law 7.31.16. On the third anniversary (sixth for family or study leave) I may be removed from the roster unless I receive a call prior to that time.

\_\_\_\_\_  
(Signature of Rostered Minister)

\_\_\_\_\_  
(Print Full Name)

\*Additional requirements for On Leave From Call for Family Responsibilities and Graduate Study are listed on the reverse.

### On Leave From Call for Family Responsibilities

I have had at least three years of active service under call. \_\_\_ Yes \_\_\_ No

The reason for my request is (see bylaw 7.31.16):

\_\_\_ For the birth or care of a child or children of the rostered minister.

\_\_\_ For the care of an immediate family member (child, spouse, or parent) with a serious health problem.

A medical certification of such a serious health problem must be submitted to the Synod Council as part of the request for on leave from call status.

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

### On Leave From Call for Graduate Study

Send, or arrange to have sent, to your synodical bishop"

- a. This completed application for On Leave From Call for Graduate Study.
- b. A statement from you describing the program of study you are beginning and your expectation for the coming year, and how your program of study will enhance your ministry in the ELCA.
- c. A letter from your advisor/supervisor indicating that you have been accepted in a program of graduate study and stating the date when your studies at that institution begin.

After reviewing the materials, your synod will make the decision to grant you the status" On Leave From Call for Graduate Study."

Please contact your synodical bishop annually to renew your status. Please send any inquiries for application forms, all correspondence, and completed forms the Director of Roster of the Minneapolis Area Synod.

1. Where will you be studying? \_\_\_\_\_  
(Name of institution)

\_\_\_\_\_  
(Address, City, State, Zip)

2. Advisor or supervisor: \_\_\_\_\_

3. Degree or Certification Program: \_\_\_\_\_

4. Field or Specialization: \_\_\_\_\_

5. Academic year you will begin your studies? \_\_\_\_\_  
(Month/Year)

6. Will you be: \_\_\_ Full Time \_\_\_ Part Time (specify ½ \_\_\_\_\_ ¾ \_\_\_\_\_ other \_\_\_\_\_)

7. Expected date of completion: \_\_\_\_\_

8. Do you intend to seek an appointment in the ELCA upon completion of your studies? \_\_\_\_\_

I understand that if my plans and/or time spent in graduate training change, I will inform my synodical bishop immediately.

Date: \_\_\_\_\_ Signature: \_\_\_\_\_