

Name _____

Address _____ city _____ state _____ zip _____

Phone Number _____ Phone Number _____
primary secondary

E-mail _____

Please complete and return to Northeastern Ohio Synod, 1890 Bailey Road, Cuyahoga Falls, OH 44221-5259

Please check one:

_____ Please remove my name as a rostered person of the ELCA.

_____ I hereby request "on leave from call" status for one year.*

**If you checked this one, please continue with the form.*

The requested effective date of the beginning of my "on leave from call" status is _____
month day year

1. Where do you intend to maintain your ELCA congregational membership and what is your intended participation?

2. Please explain why you are requesting an "on leave from call" roster status.

3. Describe your willingness and ability to provide ministry services while on leave from call at the direction of the synod bishop.

4. Do you have a plan for continued education while on leave from call?

5. Do you have any particular housing needs or family considerations?

6. Are you available to interview for call? Anticipated date of availability?
