

**VIRGINIA ANNUAL CONFERENCE
of the
UNITED METHODIST CHURCH**

**CAMPUS MINISTRY LOCAL BOARD PERSONNEL COMMITTEE or
COLLEGE/UNIVERSITY PRESIDENT FORM**

[to be filled out annually in consultation with the Campus Minister or Chaplain]

Minister _____

Campus Ministry/School _____

District _____

The Local Board Personnel Committee met on _____ (date – or include date the President and Chaplain met). Following the discussion with our Campus Minister or Chaplain, and after prayerful consideration and discernment, we make the following advisory recommendation regarding the ministry leadership for our Campus Ministry or School:

- _____ It is in the best interest of our Campus Ministry/School that our campus minister/chaplain be re-appointed for another year.
- _____ We would like for our campus minister/chaplain to be returned, but in the event a change is made, we will work with our new campus minister/chaplain to insure the continuation of the Campus Ministry.
- _____ Our Campus Ministry/School could benefit by a change in campus minister/chaplain, but in the event, this does not occur, we will work with our current campus minister/chaplain for effective ministry in the year to come.
- _____ It is evident that a move is in order. We believe this decision represents the best interests of the Campus Ministry/School.
- _____ It is our understanding that our campus minister/chaplain will not be re-appointed to this Campus Ministry or School because of retirement, or a different extension ministry appointment, etc.

We recognize that this recommendation is advisory to the Bishop and Cabinet, but affirm that it is our best judgment.

Factors considered in selecting the above recommendation include:

A) Missional needs of the Campus Ministry/School:

B) Other factors:

Our signatures below mean:

- 1) We have met with our campus minister/chaplain and discussed our conclusions.
- 2) We understand that The United Methodist Church is committed to appointing persons without regard to race, ethnic origin, gender, color, disability, marital status, or age.

Committee Chair/President Signature: _____

Telephone: _____ E-mail: _____

The Local Board Personnel Committee or President has discussed this recommendation with me.

Campus Minister/Chaplain Signature: _____ Date: _____

*Please keep one copy for Personnel Committee files and send this original to the District Superintendent.
Email an information copy to the BHECM – Administration Becky Tate (beckytate@vaumc.org)*

11/2/20