



**Metropolitan New York Synod**  
**Evangelical Lutheran Church in America**  
God's work. Our hands.

**Metropolitan New York Synod**  
**Evangelical Lutheran Church in America**  
**475 Riverside Drive, Suite 1620**  
**New York, NY 10115**

## **APPLICATION FOR "ON LEAVE FROM CALL STATUS"**

*(Submit this form to the Synod office within 45 days of the last day of active ministry.)*

Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

\_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Phone: (Home) \_\_\_\_\_ (Cell) \_\_\_\_\_

Date of Setting Apart: \_\_\_\_\_

Date you wish to begin your leave: \_\_\_\_\_

Congregation / Agency Last Served Under Call: \_\_\_\_\_

Church Address: \_\_\_\_\_

Pastor / Supervisor: \_\_\_\_\_

Reason (s) for this request: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

What is your current involvement in your congregation: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

What is your current involvement at the Synod level: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What are your plans for being available for a call in the future: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Describe your ability and willingness to provide ministry services, at the direction of the Bishop, while on leave from call: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What are your plans for continuing education while on leave from call: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

- Your On Leave From Call Status (OLFC) is not official until approved by the Synod Council.
- Review MNYS Synod Diaconate Guidelines regarding OLFC
- Submit Annual Reports while OLFC
- Please mail this application to:

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or  
E-mail: [SynodDiaconate@MNYS.org](mailto:SynodDiaconate@MNYS.org)  
If need be, call Synod Deacon George Guinan at: 631-767-0770