

Great Plains Conference
Application for Parental Leave Assistance

Per the Great Plains Parental Leave Policy, local churches “will maintain their regular compensation for clergy on leave for the duration of the leave.” Meanwhile, “The Annual Conference will assist local churches with **additional funding for pastoral coverage**, in consultation with the clergy person and the SPRC, up to \$4,000 per leave. These funds will be approved by the Cabinet and will fall under the Cabinet’s Budget items.

A Congregation may apply for support from The Cabinet’s Parental Leave funds through the following procedures.

- Requests may be made for assistance in parental leave coverage (including pulpit supply and pastoral care) for up to 13 weeks during the leave.
- Payment will be made to the local church in the form of reimbursements for expenses incurred for pastoral coverage.
- All expenses incurred beyond the stipulated amount of the grant shall be the responsibility of the local congregation.

Process for Funding:

1. An applicant must be a minister under conference appointment and serving within the conference boundary at the time of applying for these funds.
2. Clergy must submit a formal Parental Leave request at least 90 days in advance of the projected start date of leave to the District Superintendent, Episcopal Office, and the Board of Ministry Conference Relations Registrar.
3. The Pastor and SPRC will work together to determine the local church resources and needs during the leave.
4. The Pastor will develop a plan for coverage.
5. Submit the following request for funding along with a budget to the District Superintendent for approval.
6. Once approval is gained from the SPRC and DS, submit to Cabinet for final approval.

Parental Leave Funding Request

Conference Appointment/Charge: _____

Clergy Full Name: _____

Church Address: _____

City: _____ State: _____ Zip: _____

Church Phone: _____

Email Address: _____

District Superintendent: _____

Pastoral Parish Relations Team Chairperson: _____

Home Phone: _____

Email Address: _____

\$_____ Total Amount requested.

Attach a detailed budget and plan for coverage that includes pastoral care and pulpit supply.

Date of application: _____

Date Funding is needed: _____

Signature of Pastor Parish Relations Team Chairperson: _____

Signature of District Superintendent: _____