
Date

Bishop Robert F. Humphrey
Virginia Synod, ELCA
P.O. Box 70
Salem, VA 24153

Dear Bishop Humphrey and members of the VA Synod Council:

By this letter, I hereby request that as of _____ (*date*), you **change my status** on the ELCA Roster to **Disability Leave**. My reason for Disability Leave includes:

Medical Diagnosis:

Benefits Decision (if any):

Other pertinent information:

I understand that disability roster status is discretionary and is granted by the Synod Council upon endorsement by the synod bishop. I also understand that the continuation of disability roster status is subject to review at any time and shall be reviewed in the event that disability benefits are terminated. I further understand that if my disability roster status ceases and if I am not under call or have not received and accepted a call, I should request on-leave-from-call status or retired status, if eligible.

I continue in my promise to abide by my ordination/consecration vows, to live in full accord with the conduct of rostered ministers as outlined in *Vision and Expectations*, and to remain current in my boundary training and certification. In whatever ELCA congregation that I join or visit, I also give assurance that I will respect, guard, and support the rights and privileges of the pastor under call by that congregation.

Faithfully yours,

Signature

[Please see other side for more information]

Printed information:

Name

Street Address

City, State, Zip

Please complete your request including all of the above information, in addition to any personal statements or messages you wish to include. Please email your request to both Rebecca Walls at walls@vasynod.org and Lenae Osmondson at osmondson@vasynod.org. You may also mail your request to the Office of the Bishop at P.O. Box 70, Salem VA 24153.