

**Annual Report to Presbytery  
Commissioned Lay Pastors in Contract  
Report due each year on contract anniversary date  
Date Report Submitted \_\_\_\_\_**

Name \_\_\_\_\_ Phone number \_\_\_\_\_

Address \_\_\_\_\_  
(street) (city) (zip code)

Cell phone \_\_\_\_\_ e-mail \_\_\_\_\_

**Church or organization with which you are contracted:**

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**Date your contract expires:** \_\_\_\_\_

If you need additional space for any of the following, please use another sheet of paper and refer to the section number.

**1. List classes and/or courses taken as continuing education. Include dates, where taken, and length of instruction:**

**2. List other activities that you attended which helped you in your service. (workshops, seminars, etc). Include dates, places, and length.**

**3. List any study or reading that you did during this year that increased your knowledge and competency in your service.**

**4. Give a brief description of your responsibilities as a Commissioned Lay Pastor or attach a copy of your contract responsibilities.**

**5. Have any of your responsibilities changed since your last report? If so, please describe these changes.**

**6. List any other information about your service as a Commissioned Lay Pastor that you would like COM to know.**

**Report should be signed and dated by CLP and sent to Sharon Dardon at the Presbytery office.**

**Sharon will submit a copy to the Care of Church Professionals Subcommittee(COCP).**

**If approved by COCP, report will be returned to Sharon and placed in CLPs file. A copy of each annual report will be submitted to the Contracts Subcommittee with the next contract renewal application.**

**If not approved by COCP, report will be returned to Sharon with appropriate notation of what is necessary for the CLP to do and returned to the person reporting for further action.**

**Signed \_\_\_\_\_ CLP    Date \_\_\_\_\_**

**Received at Presbytery by \_\_\_\_\_ Date \_\_\_\_\_**

**Approved by Care of Church Professionals:**

**Signed \_\_\_\_\_ Date \_\_\_\_\_**

**Not approved by Care of Church Professionals**

**Signed \_\_\_\_\_ Date \_\_\_\_\_**

**Reason for not approving and actions necessary for approval:**