

FORM: REQUEST FOR “LETTER OF SUITABILITY FOR MINISTRY” (RLSM)

FOLLOWING INSTRUCTIONS:

- Ensure the document is legible
- Forms lacking information will not be processed
- You may email the form to us; however, a hard copy must follow
- Your request will not be sent out until we have received the hard copy

TODAY’S DATE: _____

(Your request must be submitted to our office at least 30 days in advance of your ministerial event; 72 hours in advance is required for a Funeral.)

I. YOUR INFORMATION:

NAME: _____
STREET ADDRESS: _____
CITY: _____ STATE: _____ ZIP CODE: _____
CONTACT PHONE NUMBER + AREA CODE: _____
E-MAIL ADDRESS or FAX NUMBER: _____

II. INFORMATION OF WHERE YOU WILL MINISTER *(If a conference, list the conference information.):*

NAME OF PASTOR: _____
NAME OF PARISH: _____
PARISH STREET ADDRESS: _____
CITY: _____ STATE: _____ ZIP CODE: _____
PASTOR’S EMAIL ADDRESS OR FAX NUMBER: _____
PARISH PHONE NUMBER OR CONTACT NUMBER + AREA CODE: _____

III. INFORMATION OF THE DIOCESE WHERE YOU WILL MINISTER:

NAME OF DIOCESE: _____
NAME OF (ARCH) BISHOP: _____
(ARCH) DIOCESE STREET ADDRESS: _____
CITY: _____ STATE: _____ ZIP CODE: _____
(ARCH) DIOCESE EMAIL ADDRESS OR FAX NUMBER: _____
(ARCH) DIOCESE TELEPHONE NUMBER + AREA CODE: _____

IV. FOR PRIESTS AND DEACONS EMPLOYED BY PARISH/DIOCESE:

The time away from your parish office will be debited to: *(Please check all that apply and the days.)*

Vacation *Number of Days to be used *(30 days allowed per calendar year, including travel.)*

Funeral Leave *Number of Days to be used *(Only immediate family qualify.)*

Study Time, Conference, Workshop, Institute, etc. *Number of Days to be used
(7 days allowed per calendar year.)

Retreat *(8 days allowed per calendar year.)*

Special Request *Number of Days *(Attach Bishop's written permission.)*

YES NO Will you be leaving the Continental United States of America?

YES NO If yes, have you arranged travel insurance? *(Arrangements can be made through your Rita Trust Plan.)*

YES NO Do you need a celebret? *(For Priests only)*

Priest/Deacon Signature: _____

Please Print Your Name: _____

PLEASE MAIL OR EMAIL COMPLETED FORM TO:

DIOCESE OF PUEBLO

Attn: Vicar for Clergy Office

101 N. Greenwood Street

Pueblo, Colorado 81003

(719) 544-9861, ext. 1121

enuñez@dioceseofpueblo.org

May 16, 2018