

FORM: REQUEST FOR "LETTER OF SUITABILITY FOR MINISTRY" (RLSM)

INSTRUCTIONS:

- Ensure the document is legible;
- Ensure all information is provided (*Forms lacking information, will not be processed*);
- You may email the form to us; however, an original hard copy must follow;
- Your request will not be sent out until we have received the original hard copy.

TODAY'S DATE: _____ DATE RECEIVED BY VG: _____

Your request must be submitted to the Vicar General at least 30 days in advance of your ministerial event; 72 hours in advance is required for a Funeral.

I. YOUR INFORMATION:

NAME: _____ PARISH NAME: _____

MAILING 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 campsite, conference, etc., list the information)*

NAME OF PASTOR/CONTACT PERSON: _____

NAME OF PARISH/FACILITY: _____

PARISH/FACILITY PHYSICAL STREET ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

MAILING STREET ADDRESS *(if different from physical address)*: _____

CITY: _____ STATE: _____ ZIP CODE: _____

PASTOR/CONTACT PERSON'S EMAIL ADDRESS OR FAX NUMBER: _____

PARISH/FACILITY PHONE NUMBER + AREA CODE: _____

LIST THE DATES OF MINISTRY: _____

REASON FOR YOUR MINISTRY: _____

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: _____

FOR PRIESTS AND DEACONS EMPLOYED BY PARISH/DIOCESE:

THE TIME AWAY FROM YOU PARISH OFFICE WILL BE DEBITED TO THE FOLLOWING:

(Please check all that apply. The dates must be listed on Page 1, Section II)

- MISSION COOPERATION APPEAL
- I AM NOT USING ANY LEAVE TIME
- VACATION LEAVE
- NUMBER OF DAYS TO BE USED *(30 days allowed per calendar year, which includes travel)*
- FUNERAL LEAVE
- NUMBER OF DAYS TO BE USED *(Only immediate family qualify)*
- STUDY TIME, CONFERENCE, WORKSHOP, INSTITUTE, ETC. *(7 days allowed per calendar year)*
- RETREAT *(8 days allowed per calendar year)*
- SPECIAL REQUEST
- NUMBER OF DAYS *(Attach Bishop's written permission)*

Please check mark, YES or NO below. If non-applicable, check mark N/A:

- YES NO Will you be leaving the Continental United States of America?
- YES NO If YES check marked above, have you arranged travel insurance?
- N/A *(Arrangements can be made through your Reta Trust Plan)*
- YES NO Do you need a CELEBRET ID CARD? *(For Priests Only) Only mark YES, if you have not received a celebret card for the current year.*

Priest/Deacon Signature: _____

Please Print Your Name: _____

PLEASE MAIL OR EMAIL COMPLETED FORM TO:

PLEASE NOTE: If the form is emailed, an original hard copy must also be provided to us.

DIOCESE OF PUEBLO

**Attn: Vicar for Clergy Office
101 N. Greenwood Street
Pueblo, Colorado 81003
(719) 544-9861, ext. 1121
enuñez@dioceseofpueblo.org**

REVISED February 27, 2019