



APPLICATION FOR PARENTAL LEAVE PROGRAM

The Parental Leave Program provides your congregation with a grant of up to \$2,500 for the purposes of paying the eligible minister, an interim minister, and/or a pulpit supply during the period of the paid parental leave. Additional assistance of up to \$2,500 is payable to the congregation should an unforeseen complication necessitate an extension of the eligible minister's paid parental leave, such as an extended hospital stay or medical complications for the child, minister or spouse.

To be eligible for assistance under the Parental Leave Program, the congregation's pastor must satisfy all of the following criteria:

1. be a credentialed minister in the Christian Church (Disciples of Christ) with standing;
2. serve, in full-time or part-time paid capacity, a congregation that offers paid time off under a parental leave policy (which leave is in addition to vacation time, sick leave, sabbatical leave, and unpaid leave); and
3. be eligible for and take leave under the congregation's parental leave policy.

To apply for a grant, provide the following items at least 30 days before the start of the anticipated leave period. **Include all attachments (including this form) in a single email and send to MRA@pensionfund.org with "Parental Leave" in the subject line.**

1. A letter signed by both the minister and board chairperson, requesting a Parental Leave grant. The letter should address:
 - a. How much money is requested (up to \$2,500);
 - b. How the funds will be used;
 - c. Anticipated dates for the paid parental leave;
 - d. Preparation the church is making for pastoral coverage during the leave, in order to the protect the minister's time-off and ensure necessary congregational support.
2. A copy of your congregation's approved Paid Parental Leave policy and (if the policy was approved or modified in the past 12 months), a copy of the board minutes showing approval of the policy.

I. CONGREGATIONAL INFORMATION

Name of Congregation (to whom check would be made payable) _____

Send to the Attention of _____

Mailing Address _____

City _____ State _____ Country _____ Zip Code _____ - _____

Name of Board Chair _____ Daytime Phone Number (_____) _____

Minister's Name (person eligible for parental leave) _____



II. CONGREGATIONAL CERTIFICATION AND SIGNATURE

By signing this Application, I make the following certifications:

- I certify that the individual identified in Section I is the minister of the congregation identified in Section II. I further certify that the congregation will use Parental Leave Program funds in accordance with the intent of the program guidelines.

Congregational Representative Signature _____ **Date** ____/____/____

Printed Name _____ **Phone Number** (____) _____

Title _____

Pension Fund of the Christian Church

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