Deacon Request for Reassignment (Date)

DEACON'S NAME: _____________________________________________

PRESENT ASSIGNMENT: _________________________________________

1. When did you begin your present assignment? __________________________

2. Please note any personal factors (health, family, etc.) that need to be considered in your present or future assignments:
   _______________________________________________________________
   _______________________________________________________________

3. Openings for deacons at the time of this mailing (Please refer to the diaconate web site for the most current openings):

4. Preferences/Intentions: Check those statements that reflect your current desire.
   a._____ I am happy in my present assignment and do not want to be considered for a new assignment.
   b._____ While happy in my present assignment and not requesting a new assignment, I am willing to consider a new assignment based on diocesan needs.
   c._____ I am willing to be considered for a transfer to one of the openings listed above in item 3. Please list which one or which ones in order of priority:
      ______________________________________________________________
      ______________________________________________________________
      ______________________________________________________________
   d._____ I would like to be transferred from this assignment because
      ______________________________________________________________
      ______________________________________________________________
      ______________________________________________________________

5. Complete only if you have ANY Spanish communication skills. Which items best describe your Spanish speaking skills
   _____ I can “read” the responses to the Mass.
   _____ I can prepare and deliver a homily.
_____ I can comprehend everyday conversation.

_____ I can converse and do counseling.

6. Please indicate any special need/circumstance that you would like the Deacon Placement Board to be aware of in its considerations:

______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

Please share any other comments on the back.

I give my permission to share the above information with the Deacon Placement Board.

_______________________________________________ __________________________
Signature Date

Please complete and return this form to the Director for the Diaconate by _____________

SAMPLE COVER LETTER TO DIRECTOR FOR THE DIACONATE

Director for the Diaconate
Diocese of Tucson
P.O. Box 31
Tucson, AZ 85702

Dear Director,

I am formally requesting a reassignment. Attached you will find my completed reassignment request form. The reason(s) I am requesting this transfer are… (Please indicate your reasons for reassignment.

Respectfully submitted
Full Name

Cc: Chancellor file