

## **STATE OF THE DEPARTMENT**

## **BI-MONTHLY REPORT**

epartment Director:epartment:epartment:epartment:epartment	
or Period Ending: (Circle One) Jan - Feb Mar - Apr May - Jun Jul - Aug Sept - Oct Nov - E ate Submitted:	Dec
. Number of persons working in this Dept. during the previous month?	
. Did you receive any new Support Helps Ministries Applications this month?	
If "yes", how many b. Did you contact each person?	
If "no", please explain:	
. Number of persons who joined this Dept. this month (list names on back):	
. Average attendance (if applicable): Weekly Monthly	
. Difference from previous month (+/-):	
. Notable or interesting accomplishments/events that took place this month:	
. Approved plans/goals for the upcoming month:	
. How does this approved plan/goal relate to the vision or growth of this area of ministry?	
. How can Administration assist you in accomplishing this approved plan/goal?	

* Restricted Areas of Ministry-Remember it is very important to attach the "Volunteer Leave of Absence" form for any member who has requested a leave of absence but has not returned after ninety (90) days or more. ALL areas of ministry must report those who have been inactive for nine (90) days or more, but have not submitted a Leave of Absence form.  The following person(s) joined this area of ministry during this month:  Name  Address  Home Phone/Day Phone  The following person(s) are no longer participating in this area of ministry. Please remove their name(s) from this area of ministry.  Name  Address  Home Phone/Day Phone  Home Phone/Day Phone	10. Were members of your team telephone number or name chan	reminded to complete the "JPMCI Addrenged?	•
Name Address Home Phone/Day Phone  The following person(s) are <b>no longer participating</b> in this area of ministry. Please remove their name(s) from this area of ministry.  Address Home Phone/Day Phone	Absence" form for any member ninety (90) days or more. ALL	er who has requested a leave of abser areas of ministry must report those v	nce but has not returned after who have been inactive for ninety
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Name Address Home Phone/Day Phone			
	• • • • • • •		ministry. Please remove their
	Name	Address	Home Phone/Day Phone
Note: If there are no changes to your roster this month, please write "No Changes" in this	Note: If there are no changes	<b>s</b> to your roster this month, please wri	te " <b>No Changes</b> " in this

section and forward it to your Staff Department Leader.