**REQUEST FOR ASSOCIATE EMPLOYMENT FORM**

To help each other fulfill ***Manual*** requirements (¶160-160.8, 129.9, and 208.12), please use this form when requesting written permission for the employment of paid and unpaid associates/staff. **Secure your District Superintendent's signature before recommending employment to the church board**. A copy of this form will be returned for your files.

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Name of Church | | |  | | | | | | | | | |  | |
| Financial Base: | |  | | | | |  | |  |  | |  |  | |
| As of this date: | |  | | | | | our church’s operational expenses are current?  yes no | | | | | |  | |
| Our denominational budgets are up to date based on the  allocation of our current income: | | | | | | | | | | | yes no | |  | |
| If no, list the following: | | | | | |  |  | |  |  | | |  | |
| Total church income to date (minus amount for WEF &  Approved Specials) | | | | | | | | | | $ | | |  | |
| Total amount of budgets paid to date: | | | | | | | | | | $ | | |  | |
| Name of Associate/Staff: | | | | |  | | | | | | | |  | |
| Address: |  | | | | | | | | | | | |  | |
|  |  | | | | | | | | | | | |  | |
| Name of Spouse: | |  | | | | | | | | | | |  | |
| Children Living at Home: | | | | |  | | | | | Age: |  | |  | |
|  | | | | |  | | | | | Age: |  | |  | |
|  | | | | |  | | | | | Age: |  | |  | |
| Background Check completed by the  District Office: | | | | | | | |  | |  | yes no | |  | |
| Recommended: | | | | | Monthly Salary | | | | |  | $ | |  | |
|  | | | | | Housing Allowance | | | | |  | $ | |  | |
|  | | | | | Social Security | | | | |  | $ | |  | |
|  | | | | | Other (describe) | | | | |  | $ | |  | |
|  | |  | | | | | | | |  |  | | | |
| Position  Title: | |  | | | | | | | |  |  | | | |
| Brief Job  Description: | | | |  | | | | | |  |  | | | |
|  | | | |  | | | | | |  |  | | | |
| Anticipated Date of  Employment: | | | | | | |  | | |  |  | | | |
| Number of Hours Weekly:      \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | |  |  |
| Vote of Church Board  (Number) | | | | | Yes \_\_\_\_\_\_\_\_ No \_\_\_\_\_\_\_\_ | | | | |  |  | |  | |
| Church Board Secretary: | | | | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | Date | \_\_\_\_\_\_\_ | |  | |
| Senior Pastor: | | | | |  | | | | | Date |  | |  | |
|  | | | | |  | | | | |  |  | |  | |
| District  Superintendent | | | | |  | | | | | Date |  | |  | |

***Please send this form to the SWID District Office, 3827 Austin Drive, IN 47421 or electronically to swidoffice@swidnazarene.org.***