**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.***