

REQUEST FOR ASSOCIATE EMPLOYMENT FORM

To help each other fulfill **Manual** requirements (§159-159.8, and 129.9), 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 _____

Are the church's operational expenses current? _____

Our denominational budgets are up to date based on the allocation of our current income: _____

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: Annual Salary \$ _____

Annual Housing Allowance \$ _____

Annual Social Security \$ _____

Other (describe) \$ _____

Position

Title: _____

Brief Job

Description: _____

Anticipated Date of

Employment: _____

Number of Hours Weekly: _____

Vote of Church Board

(Number)

Yes _____

No _____

Approval Signatures:

Church Board Secretary: _____

Date _____

Senior Pastor: _____

Date _____

District

Superintendent: _____

Date _____

Please send this form to the SWID District Office electronically to swidoffice@swidnazarene.org.