

# First time Clergy Pre-Appointment Form

Effective Date \_\_\_\_\_

Name \_\_\_\_\_ Social Security # \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone # \_\_\_\_\_ (Home) \_\_\_\_\_ (Work) \_\_\_\_\_ (Cell)

Date of Birth \_\_\_\_\_ Date of Marriage \_\_\_\_\_ Spouse Date of Birth \_\_\_\_\_

Spouse Name \_\_\_\_\_ Social Security # \_\_\_\_\_

District \_\_\_\_\_ Church/Charge Name \_\_\_\_\_

Conference Relation \_\_\_\_\_ Full-time \_\_\_\_\_, 3/4 \_\_\_\_\_, 1/2 \_\_\_\_\_, 1/4 \_\_\_\_\_

Base Compensation \_\_\_\_\_

Utilities/Parsonage Allowances \_\_\_\_\_

Housing Allowance \_\_\_\_\_ or Parsonage \_\_\_\_\_

Pension: Enroll \_\_\_\_\_ or Waive \_\_\_\_\_  
Provide Waiver Form (1/2+ are eligible to enroll)

HealthFlex: Enroll \_\_\_\_\_ or Not Eligible \_\_\_\_\_  
Provide Enrollment Form (only Full-time are eligible to enroll)

\_\_\_\_\_  
District Superintendent