

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 Enrollment or Waiver Form

HealthFlex: Enroll _____ or Not Eligible _____
Provide Enrollment Form

Signature: _____ District Superintendent