

# APPROVAL OF ASSOCIATES IN THE LOCAL CHURCH

(Manual 159.1, 159.2, 159.3)

*Pastor, please review the Manual paragraphs listed above prior to completing this request.*

Local Church:

NAME

Pastor:

NAME

Person Being Nominated:

NAME

Position:

TITLE

Check **YES** or **NO**

Is this a first-time request for a new hire?

Is this person a credentialed minister?

*If yes, ordained or district licensed ? (check off one)*

Has a District background check been completed on this person?

Has the nominee received a board approved job description?

Did your church fulfill the 14% Giving to Others plan last year?

What is the proposed total annual compensation for this position?

\$

Does this amount represent at least 50% of individuals total income?

What percentage of the total church budget is for personnel?

%

Date: \_\_\_\_\_

Pastor's signature: \_\_\_\_\_

FOR OFFICE USE:

Approved

Not approved

DS Signature: \_\_\_\_\_

Added to database

Date:

Reason for non-approval (if applicable):

*Kansas City District Church of the  
Nazarene District Superintendent*