

# 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

Is this a first-time request for a new hire? *(circle or highlight)*  
YES NO

Is this person a credentialed minister? YES NO

*If yes, ordained or district licensed? (circle or highlight)*

Has a District background check been completed on this person? YES NO

Has the nominee received a board approved job description? YES NO

Did your church fulfill the 13% Giving to Others plan last year? YES NO

What is the proposed total annual compensation for this position? \$

Does this amount represent at least 50% of individuals total income? YES NO

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):