

**Assigned (Associate) Pastor  
Qualifying and Eligibility Form**  
(Please copy form for additional staff/ pastors)

Associate Pastor's Name: \_\_\_\_\_

Local Church: \_\_\_\_\_

**To determine eligibility for listing as an assigned (associate) pastor (PSV-FT or PT) in the *district journal*:**

- A.  Yes  No The associate pastor considers ministry their primary responsibility.  
(Please attach letter from associate pastor affirming this.)
- B.  Yes  No The associate pastor spends **an average of 30 hours or more per week in ministry** assignments.
- C.  Local License  District License  Ordained  
***District Licensed and Ordained Ministers may not serve as a voting member of the local church board!***

Please list the assignments and duties of the associate pastor:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please list the type and amount of compensation:

<u>Type</u>	<u>Amount</u>
_____	\$ _____
_____	\$ _____
_____	\$ _____
Total	\$ _____

**To fulfill *Manual* requirement for securing annual approval of district superintendent:**

- Yes  No The local church requests approval to renew the employment of this associate pastor.
- Yes  No Renewal has received the approval of the church board.
- Yes  No Local church paid or will pay its allocation funds in full.

Signed: \_\_\_\_\_, Associate Pastor

\_\_\_\_\_, Senior Pastor

\_\_\_\_\_, Church Board Secretary

\_\_\_\_\_, Date