



# Office of Administrative Services

7400 Floydsburg Road, Crestwood, KY 40014

502-425-3884 / 800-530-7236

## 2016 Appointment Form (A)

For clergy **newly appointed to the Kentucky Conference** or with a change in the conference relationship.

### Part 1 – Personal Information. *To be completed by the clergy person.*

Name \_\_\_\_\_ Phone # \_\_\_\_\_

Mailing Address \_\_\_\_\_ Email \_\_\_\_\_

\_\_\_\_\_ Spouse Name \_\_\_\_\_

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

Birthdate \_\_\_\_\_ Spouse birthdate \_\_\_\_\_

\_\_\_\_\_ Date of Marriage \_\_\_\_\_

### Part 2 – Appointment Information. *To be completed by the district.*

Effective date of appointment \_\_\_\_\_

District \_\_\_\_\_ Charge Name \_\_\_\_\_

Conference Relationship \_\_\_\_\_ Appointment percentage (check one): Full-time  ¾  ½  ¼

### Part 3 – Compensation Information. *To be completed by the district.*

If this is a multiple-point charge, please list the income for each church separately. If there are more than two churches on a charge, list additional information on separate page.

	Church Name:	Church Name (if applicable):
	_____	_____
Base Salary (excluding housing)		
Equitable Compensation		
Other Income*		
Parsonage (circle one)	YES                      NO	YES                      NO
Church Designated Housing Allowance		
<b>TOTAL</b>		

\* Other Income can include but is not limited to family medical, social security, payments by the church to the IRA's or other personal investments by the pastor; gymnasium memberships; school tuition/fees for pastor or dependents. Do not include payments for United Methodist pension plans or amounts for travel or professional expenses that are reimbursed.



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**Part 4 – Pension.** *To be completed by the district or pastor. If you are a licensed local pastor appointed ¼ or ½ time, SKIP this section.*

Pension Enrollment (check one):     Enroll     Waive

*All full-time clergy are required to be enrolled in the CRSP pension plan. Clergy serving 3/4-time (excluding supply pastors) have the option of enrolling in or waiving out of CRSP.*

**Checking the “Waive” box above DOES NOT officially waive a clergy person out of the pension plan. A notarized waiver form must be submitted to the conference office if a clergy person chooses to waive out of CRSP. To obtain a Waiver of Participation form, contact the conference or go to [www.kyumc.org/benefitservices/forms](http://www.kyumc.org/benefitservices/forms).**

**Part 5 – Signatures.** *The Appointment Form will not be accepted if any signatures are missing.*

Clergy signature \_\_\_\_\_

Date \_\_\_\_\_

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

Date \_\_\_\_\_