

Intermountain District  
**REQUEST FOR CONTINUING STAFF**  
 20\_\_\_\_\_

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

Are all denominational budgets up to date?  Yes  No

If no, please explain: \_\_\_\_\_

Has a written evaluation of staff taken place this past year and placed on file?  Yes  No

I hereby request approval for the continuation of the following staff personnel in accordance with the provisions set forth in **Manual ¶ 159.1-159.2:**

Name	Position	FT/PT	Salary/Benefits

Church Board vote: yes  no

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

Signed:

Pastor: \_\_\_\_\_

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

Secretary of the Board: \_\_\_\_\_

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



Approval of District Superintendent?  Yes  No

Comments: \_\_\_\_\_

District Superintendent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_