

NORTH ALABAMA CONFERENCE
Report of Appointment/Status Change

Minister _____ Date _____
 District _____ Conference Status _____ Gender: M _____ F _____
 Birthdate _____ Race _____
 Spouse _____ Spouse's Birthdate _____
 Date of Marriage _____
 Former Conference, if any _____

OLD APPOINTMENT:

Church(es) # _____ Church Name(s) _____

NEW APPOINTMENT:

Effective Date/New Appointment _____ New Status _____

Church(es) # _____ Church Name(s) _____

Minister's New Address _____
Street

City _____ State _____ Zip _____

Minister's New Phone #(O) _____ (H) _____

FAX # _____ E-mail _____

Is Parsonage Provided? Yes _____ No _____ Housing Allowance in Lieu of Parsonage? _____
Amount

Will minister live in parsonage? Yes _____ No _____

SALARY PACKAGE:

Church #	Base Salary	Utilities	Prof. Exp. Allowance	Prof. Expense Reimbursement	Family Health Insur.	Total*
Continuing Education _____				Total paid by charge		_____
				Equitable Compensation		_____
				Other Supplement		_____
				Grand Total Paid		=====

*Total does Not include Continuing Education