

Advisory Committee Recommendations

SECTION A: To be completed by the pastor

Today's Date

Pastor/Church Information

Pastor

Church Name

Street Address

City, State, Zip

Phone

Does the church owe the pastor accrued salary/benefits?

(Note: The church will not owe the pastor back salary past 30 days unless approved by the network superintendent.)

Yes

No

Recommended Advisory Committee Members

Advisory Committee Secretary

Name

E-mail

Street Address

City, State, Zip

Advisory Committee Treasurer

Name

E-mail

Street Address

City, State, Zip

Advisory Committee Member

Name

E-mail

Street Address

City, State, Zip

Advisory Committee Member

Name

E-mail

Street Address

City, State, Zip

Advisory Committee Member

Name

E-mail

Street Address

City, State, Zip

Are you submitting MEMBER INFORMATION SHEETS for all NEW recommendations?

Yes

No

Which of the above recommended advisory team members will serve on the church's board of directors?

Which of the above recommended advisory team members will serve as an alternate if the designated member is unable to attend the annual network affiliated board of directors meeting?

Signatures

Signature of the advisory committee member serving on the board of directors:

Signature of alternate advisory committee member:

Pastor's Signature:

Pastor's Remarks:

SECTION B: To be completed by network leadership

Presbyter Recommendation

| Advisory Committee | Pastor's Reappointment |
|--------------------|------------------------|
| Yes | Yes |
| No | No |

Comments:

Signature

Church Multiplication Director

Comments:

Signature

Network Superintendent:

Approved

Approved with Changes

Comments:

Signature of Network Superintendent: _____ Date: _____