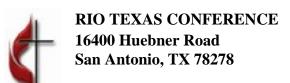
Waiver of Right to Minimum Salary



Part I - Participant Information		
Name	Birthdate	
Home Address	Spouse	
Spouse birthdate	Marriage date	
Annual compensation	Effective Date of Appointment	
Part 2 - Waiver of Salary and Be	efits	
appointed to local churches of the I will be lower than the amount vote related to salary being calculated of which I waived minimum salary. T	o Texas Conference. I understand that because of this election, my salary as a minimum by the Conference, and that this will result in my benefits the basis of the lower salary. This will be effective for the period for is waiver is binding on me, my heirs, my personal representatives and all claim on my compensation or benefits that would otherwise be available ed by the Conference.	
Rio Texas Conference until such tim waiver and that I may revoke this v appointment date. The waiver form	fective date), I waive receiving minimum salary and benefits as adopted by the as I revoke this waiver. I understand that I cannot retroactively change this aiver at any time. [The effective date must be the first of a month or your must be signed, notarized and submitted to the District Superintendent prior to form must be completed and submitted to the District Superintendent by ginning January 1, 2015.)]	
	Texas Conference nor the United Methodist salary or benefit higher than the amount recorded above for any period of tion is in effect.	
Part 3 - Participant Signature as	d Notarization	
Participant signature	Date	
Sworn before me on this	day of	
Signature of notary		
Seal		
	please provide the original signed and notarized form to your District he effective date of the waiver.	

District Superintendent

Part 4 – District Superintendent's Signature