

Appointment to an Extension Ministry Employer Form

Date: _____

Minister's Name: _____

Title: _____

Name of Person Completing the form: _____

Title: _____ Phone: _____

Organization Name: _____

Information on Minister listed above:

Employment Start Date: _____

Date of last performance review: _____

Date of last Boundaries training: _____

Has there been a need for a disciplinary action in the last year? _____

If yes, briefly describe the reason: _____

How has the issue been resolved? _____

Signature _____

Date: _____