

PERSONNEL RECORD
(For the files of the Conference Benefits Office)

Full Legal Name _____ Date _____

Date of Birth _____ Place of Birth _____ SSN _____

Full Legal Address _____

Mailing Address (if different) _____

Home Phone _____ Cell Phone _____

Email Address _____ Alternate Email _____

Family Record

Full Name of Father _____ Full Name of Mother _____

Full Name of Spouse (if applicable) _____

Spouse's Date of Birth _____ Spouse's SSN _____

Spouse's Email _____ Spouse's Cell Phone _____

Date of Marriage _____ Date of Divorce (if applicable) _____

Full name, SSN and birthdate of each child:

Education Record

	Name of School	Dates in Attendance	Date of Graduation/Degree
High School	_____	_____	_____
College	_____	_____	_____
Seminary	_____	_____	_____
Post-Grad	_____	_____	_____
Honorary Degrees	_____	_____	_____

Service Record

Date Appointed	Date Released	Appointment/Assignment (Conference)	Status (SY, LP, FE, FD, etc.)	% (¼, ½, ¾, FT)
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

If any of the following relations apply to you, give dates and other information:

Leave of Absence _____ No. of Years _____

Retired _____ No. of Years _____

Located _____ Re-admitted _____

Transferred to Central Texas Conference _____

Transferred from what Conference? _____

Additional Information

(List below any additional items pertinent to your personnel record.)

Emergency Contact

(Person, not living in your home, to contact in case of emergency.)

Name _____ Relationship _____

Complete Address _____

Home Phone _____ Cell Phone _____

Usual Signature

Please return to Shawn-Marie Riley, Conference Benefits Administrator.

Email: shawn-marieriley@ctcumc.org