



RIO TEXAS CONFERENCE
16400 Huebner Road
San Antonio, TX 78278

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 Benefits

I hereby elect to waive my right to receive the minimum salary set by the Rio Texas Conference for clergy appointed to local churches of the Rio Texas Conference. I understand that because of this election, my salary will be lower than the amount voted as a minimum by the Conference, and that this will result in my benefits related to salary being calculated on the basis of the lower salary. This will be effective for the period for which I waived minimum salary. This waiver is binding on me, my heirs, my personal representatives and all other persons who might otherwise claim on my compensation or benefits that would otherwise be available based upon the minimum salary voted by the Conference.

Beginning _____ (effective date), I waive receiving minimum salary and benefits as adopted by the Rio Texas Conference until such time as I revoke this waiver. I understand that I cannot retroactively change this waiver and that I may revoke this waiver at any time. [The effective date must be the first of a month or your appointment date. The waiver form must be signed, notarized and submitted to the District Superintendent prior to the effective date. (For example, the form must be completed and submitted to the District Superintendent by December 31, 2014 to be effective beginning January 1, 2015.)]

I also understand that neither the Rio Texas Conference nor the _____ United Methodist Church is responsible for payment of salary or benefit higher than the amount recorded above for any period of time for which my waiver of participation is in effect.

Part 3 - Participant Signature and Notarization

Participant signature _____ Date _____

Sworn before me on this _____ day of _____, 20 ____

Signature of notary _____

Seal

Pastor: After completion, please provide the original signed and notarized form to your District Superintendent Prior to the effective date of the waiver.

Part 4 – District Superintendent’s Signature

District Superintendent _____