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**Employee Receipt of Human Resource Policies and Procedures**

1. I understand the HR POLICIES & PROCEDURES describe important information about Mission Presbytery.
2. I understand I may consult the General Presbyter (GP) or Human Resources Team (HRT) on questions regarding this HR POLICIES & PROCEDURES.
3. I have entered into my employment relationship with Mission Presbytery voluntarily.
4. I acknowledge that there is no specified length of employment for my position.
5. I understand that either I or Mission Presbytery can terminate the relationship at will, with or without cause, at any time, so long as there is no violation of applicable federal or state law.
6. I acknowledge that the information, policies, and benefits described here are subject to revision. I understand that revised information may supersede, modify, or eliminate existing policies.
7. I understand that revisions will be communicated through official channels.
8. I understand that the General Council functioning as an Administrative Commission of the Presbytery in session have the ability to adopt HR POLICIES & PROCEDURES revisions.
9. I acknowledge that Mission Presbytery's policy of employment-at-will will not be revised.
10. I acknowledge that this HR POLICIES & PROCEDURES is neither a contract of employment nor a legal document. I understand that it is my responsibility to read and comply with the HR POLICIES & PROCEDURES.
11. I acknowledge that I have received a copy or have access to a copy of the HR POLICIES & PROCEDURES.

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Employee's Name (PRINT):

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Employee's Signature and Date

### **Code of Sexual Ethics Acknowledgement**

All Mission Presbytery Ministers of Word and Sacrament, Commissioned Ruling Elders, Certified Christian Educators, and Student Pastors employed by Church Development, or Ministers of another denomination serving Mission Presbytery congregations as Pastor, and Presbytery Staff members are required to sign and abide by the following code of conduct in matters relating to sexual ethics.

#### **Read it carefully, sign, and return to the Presbytery Office**

Pastoral and Educational leaders and staff members of Mission Presbytery are agents of healing and redemption.

1. I am aware that sexual exploitation of spouse, family, colleagues, congregants, employees, or counselees is an abuse of the authority of my pastoral position.
2. I am aware of my obligation to adhere to standards of confidentiality and privileged communications.
3. I am aware of the long-term effects of all forms of sexual exploitation and seek to help victims cope with such damage through every available means.
4. I am aware that sexual harassment and immorality are chargeable under church law and that I always bear final responsibility for my actions.
5. I am aware of and willing to abide by denominational disciplines and policies in facing the consequences of my actions in any instance of sexual exploitation.
6. I, who learn of the sexually exploitative behavior by and of another person, accept an ethical and Biblical responsibility to report my knowledge of this behavior to the appropriate church authorities.
7. I subscribe to policies of Mission Presbytery for appropriate grievance procedures with regard to sexual misconduct.
8. I am aware of my sacred calling as a servant of God under the Lordship of Jesus Christ and accept my responsibility and accountability to the people entrusted to my care.

Sign below, make a copy for your records, and mail the original to the Presbytery office. It will be placed with your HR file.

I have read and do understand the document above to be the policy of Mission Presbytery regarding sexual ethics. As a Minister of Word and Sacrament, Commissioned Ruling Elders, Certified Christian Educators, Student Pastors employed by Church Development, or a Minister of another Christian denomination, I subscribe to these affirmations.

Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Approved: October 20, 1992



**CONFIDENTIAL**  
**Verbal Warning**

Employee: \_\_\_\_\_

Supervisor/Manager: \_\_\_\_\_

Date: \_\_\_\_\_

Subject: \_\_\_\_\_

Notes:

**Note:** A verbal warning is a verbal discussion between an employee and their supervisor/manager that includes identification of unsatisfactory performance or conduct. No written documentation is given to the employee and their signature is not required; however, the supervisor/manager should maintain a copy. Continued feedback should be provided. If performance or conduct does not improve, the supervisor/manager should provide a Written Warning, following the steps provided in the Human Resource Progressive Discipline Policy.



**CONFIDENTIAL**  
**Written Warning**

Employee:
Manager:
Date:

*As a part of living into the **Principles of Fairness, Integrity, Excellence, and Trust**, this memo is a way of bringing attention to the deficiencies in your performance/or conduct. We hope you will remain flexible, teachable, ready and willing to trust this instruction as a learning opportunity.*

**REASON FOR NOTICE:**

**CORRECTIVE ACTION REQUIRED:**

*My supervisor/manager has discussed the above information and I understand the expected change in my performance/or conduct. I also acknowledge that additional steps will be necessary if this desired change is not achieved.*

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Manager Signature: \_\_\_\_\_ Date: \_\_\_\_\_



**CONFIDENTIAL**  
**Performance Improvement Plan**

Employee: \_\_\_\_\_ Date: \_\_\_\_\_

<b>Development Priority</b>	<b>Comments / Key Action Steps</b>	<b>Completion Dates</b>	<b>Success Measures</b>

Received & Acknowledged:

\_\_\_\_\_  
Employee Signature Date

\_\_\_\_\_  
Manager Signature Date



**Credit, Criminal and Driving Record Information Disclosure Consent**

As of January 1, 2005, our insurance provider requires our office to conduct Criminal Background, Credit Standing and Driving Background Record Checks (when driving is required to conduct business for a church or presbytery) on all personnel, Ministers of the Word and Sacrament, volunteers and contractors.

\*\*I understand that the church I will serve is responsible for the payment of the Credit, Criminal and Driving Record. However, if I am entering Mission Presbytery for a Specialized Ministry or as a Member at Large or Honorably Retired, I am responsible for the payment.

**Authorizing Signature**

By my signature below, I authorize Mission Presbytery, Inc. or its agent to obtain information - written, oral, or other - from a consumer reporting agency bearing on my criminal background, credit standing and driving background records. I understand that this investigation may include interviews with friends, acquaintances, or others who may have relevant information and that this report will be used for employment/volunteer purposes only, including evaluating me for employment, promotion, reassignment, or retention as an employee, congregation or agency of Mission Presbytery, Inc. This background check will be conducted through Intellicorp Records, Inc.

Finally, I understand that I have a right to request disclosure of the nature and scope of the report if it involves personal interviews with sources such as my friends, acquaintances, or others who may have relevant information.

**TYPE / PRINT all information and SIGN in BLUE or BLACK INK only**

**Mail to: TRICIA TEDROW at address below or email: [statedclerk@missionpby.org](mailto:statedclerk@missionpby.org)**

Last Name: Date of Birth:
First Name: Social Security:
Middle Name: Email:
Former Name: Phone:
Driver's License #: State of Issue:
Home Address: City/St/Zip:
Ministry Address: City/St/Zip:
Signature: Date:

7201 Broadway #303  
San Antonio, TX 78209  
Phone: 210-826-3296  
Fax: 210-826-0917



Mission Presbytery Medical Leave Application

Mission Presbytery employees who are eligible for Medical Leave shall use the following application form and submit to the General Presbyter / Supervisor for consideration. All applications must be submitted in typed format.

NAME: \_\_\_\_\_

POSITION TITLE: \_\_\_\_\_

DATE OF EMPLOYEMENT: \_\_\_\_\_

DATES OF ANY PRIOR LEAVES OR LONG TERM DIABILITY: \_\_\_\_\_

PROPOSED STARTING DATE OF MEDICAL LEAVE: \_\_\_\_\_

LENGTH OF PROPOSED LEAVE: [ ] 60 DAYS [ ] 90 DAYS

Please provide the following information so that the informed decisions can be made. Please indicate if you are attaching additional page(s).

- 1. Describe the purpose of your proposed medical leave.
\_\_\_ Personal Illness \_\_\_ Care for Family Member

- 2. Provide Healthcare certification of need for medical leave:

Four horizontal lines for providing healthcare certification.

Healthcare Provider's Signature

Date (dd/mm/yyyy)

- 3. Provide any other information that you wish to provide to support your medical leave

Applicant's Signature

Date (dd/mm/yyyy)

Supervisor's Authorizing Signature

Supervisor's Signature

Date (dd/mm/yyyy)





**Mission Presbytery Sabbatical Application**

Mission Presbytery employees who are eligible for Sabbatical Leave shall use the following application form and submit to the Human Resource Team Chairperson for consideration. All applications must be submitted in typed format.

**NAME:** \_\_\_\_\_

**POSITION TITLE:** \_\_\_\_\_

**DATE OF EMPLOYEMENT:** \_\_\_\_\_

**DATES OF ANY UNPAID LEAVES OR LONG TERM DIABILITY:** \_\_\_\_\_

**PROPOSED STARTING DATE OF SABBATICAL LEAVE:** \_\_\_\_\_

**LENGTH OF PROPOSED SABB ATICAL LEAVE:**  60 DAYS       90 DAYS

**Please provide the following information so that the informed decisions can be made.** Please indicate if you are attaching additional page(s).

1. Describe the purpose of your proposed sabbatical leave.
2. Describe the benefits of the proposed sabbatical to you and to Mission Presbytery.
3. Provide a clear plan of:
  - a. The activities contemplated:
  - b. The anticipated scholarly outcomes:
  - c. Identify the location of the proposed project or projects:
4. Provide any other information that you wish to provide to support your sabbatical leave

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Applicant's Signature \_\_\_\_\_ Date (dd/mm/yyyy)



**Mission Presbytery Human Resource Policies and Procedures Forms Appendix**

**Mission Presbytery Sabbatical Agreement**

This Agreement made and entered into this \_\_\_\_ day of \_\_\_\_\_, 20\_\_, by and between Mission Presbytery, hereinafter described as First Party, and \_\_\_(name)\_\_\_\_\_, hereinafter described as Second Party.

**Witness**

WHEREAS, Second Party has rendered service to Mission Presbytery in position eligible for Sabbatical Leave for at six (6) years as required by the Mission Presbytery Sabbatical Leave policy.

WHEREAS, First Party did, on the \_\_\_\_ day of \_\_\_\_\_, 20\_\_, grant a Paid Sabbatical Leave of Absence to the Second Party for the following period beginning on \_\_\_\_\_ the \_\_\_\_ day of \_\_\_\_\_, 20\_\_ for the purposes set forth in the application of said Second Party for Sabbatical Leave of Absence.

NOW, THEREFORE, IT IS AGREED by and between the parties hereto as follows:

1. That the Second Party, in consideration of the granting of said Leave of Absence, following termination of said Leave of Absence, will return and render service in the employ of Mission Presbytery and serve for a period of 12 consecutive months.
2. That regular payment will be made to said Second Party by said First Party during the period of such Leave of Absence in an amount equivalent to the Second Party’s effective salary on regular paydays for the period of sabbatical.
3. That said First Party will continue all group insurance benefits; vacation and sick leave accruals will stop for the period of the sabbatical and continue once the Second Party returns to service.
4. That the Second Party will not engage in employment with any other employer during his/her Sabbatical Leave.
5. That in consideration of the written agreement of Second Party herein intending to return to the service of the Mission Presbytery and to render service for a period equal 12 months following the termination of said Leave of Absence as provided in numbered paragraph 1 of this agreement, the furnishing of a bond by said Second Party has been and is hereby waived by First Party.
6. That in the event said Second Party fails to render service for a period of 12 months of said Leave of Absence, said Second Party shall be liable for, and shall refund to said First Party, within sixty (60) calendar days from and after date of termination of service, an amount of the compensation paid during said Leave of Absence and the premiums paid for continued benefits during the same period.
7. That in the event the Second Party fails to sign and return the contract for the Paid Sabbatical Leave of Absence within ten (10) calendar days after receipt thereof, s/he shall be deemed to have refused said leave and the offer of Paid Sabbatical Leave of Absence is automatically withdrawn.
8. During the term of the Leave of Absence, Second Party is not an employee of the Mission Presbytery for the purposes of rendering service but is an employee on Leave of Absence.

IN WITNESS WHEREOF the said First Party has hereunto caused its corporate name to be signed by the Stated Clerk of Mission Presbytery, who is thereunto duly authorized, and the Second Party has executed this Agreement the day and year first above written:

By Stated Clerk, \_\_\_\_\_  
(First Party)

(Second Party), \_\_\_\_\_

## **Credit Card Policy Acknowledgement Form**

1. I have read and understand the Credit Card Policy of Mission Presbytery.
2. I have been issued a Mission Presbytery credit card.
3. I understand that I am to use this card for the official business of Mission Presbytery that I perform for the Presbytery.
4. I understand the reconciliation process outlined in the policy and that I must reconcile my purchases on a monthly basis and turn in my report with receipts for all purchases attached to my report.
5. I understand that any purchases made on the card that are later deemed to be personal purchased must be immediately reimbursed to the Presbytery.
6. I understand that intentionally making personal purchases with the Mission Presbytery credit card will cause my card to be revoked.
7. I understand that intentional inappropriate use of the Mission Presbytery credit card may be deemed a terminable offense and that I may be terminated as the result.

My signature is acknowledgement that I understand and will follow the Credit Card Policy of Mission Presbytery.

**Printed Name:** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_