HORIZON TEXAS CONFERENCE OF THE UNITED METHODIST CHURCH
PERSONNEL RECORD
(For the files of the Conference Benefits Office)

Full Legal Name _____ Date _____

Date of Birth_____ SSN_____

Gender (Male/Female/Non-Binary) _____

Ethnicity_____
(Choose One – African; African American/Black; African American/Latinx; Asian; Hispanic/Latino; Multi-Racial; Native American; Pacific Islander; Slavik; White; Other)

Full Legal Address _____

Mailing Address (if different)_____

Home Phone_____ Cell Phone_____

Email Address_____ Alternate Email_____

Family Record

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 and birth date of each child:

_____

_____

_____

_____

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 Horizon 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_____

Please upload into the secure submission portal by CLICKING HERE.