

**MINISTERIAL COMPENSATION REPORT TO THE PRESBYTERY OF GENEVA
FOR 2017**

CHURCH _____ PASTOR _____

COMPENSATION INCLUDED IN EFFECTIVE SALARY

	_____ % of Full Time Equivalent (FTE)	<u>2016</u>	<u>2017</u>
1.	Annual Cash Salary	\$ _____	\$ _____
2.	Housing allowance	\$ _____	\$ _____
3.	Utility and furnishing allowances	\$ _____	\$ _____
4.	Deferred compensation	\$ _____	\$ _____
5.	Bonuses, unvouchered allowances, gifts from employer \$ _____	\$ _____	
6.	Other allowances (e.g. medical deductibles, SECA allowance in excess of 50% of the estimated obligation, etc.)	\$ _____	\$ _____
7.	Manse amount (must be at least 30% of lines 1-6)	\$ _____	\$ _____
8.	Total Effective Salary (Sum of lines 1-7)	\$ _____	\$ _____
9.	BENEFITS PLAN DUES (Total of 36.5% of Line 8)	\$ _____	\$ _____

COMPENSATION NOT INCLUDED IN EFFECTIVE SALARY

10. Accountable reimbursement plan (vouchered business expense):
- a. Continuing education reimbursements \$ _____
 - b. Automobile expenses: Check one:
 - _____ \$ _____ per vouchered mile (at current IRS current rate) \$ _____
 - _____ Church-owned car with full expenses
 - c. Business and professional expenses \$ _____
11. **SECA Tax Off-Set [mandatory – 7.65 % of effective salary]** \$ _____
12. Group plan for medical deductible, coinsurance and dental premiums \$ _____
13. Other vouchered allowances _____ \$ _____
- Other vouchered allowances _____ \$ _____

NOTE: Have you filed ENR111 - Change of Salary Form with the Board of Pensions so that these changes in terms of call have been properly recorded there? Yes No

OTHER CHANGES IN THE TERMS OF CALL (indicate changes)

Vacation time: _____

Study leave time: _____

Other: _____

(OVER)

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NOTICE TO THE CLERK, THE MINISTER, AND THE SESSION:

In completing this report, you are indicating that the terms of call have been reviewed by the Session with the minister, and approved by the Congregation. A designated committee of the Session, such as a Personnel Committee, may have done the work, but the Session must approve the report and recommendations of this committee.

For the Clerk of Session to complete:

Church: _____ Pastor: _____

Date of the annual compensation review with the minister: _____

Was this review done by the Session? _____

A committee of Session? _____

Date that the Session approved changes: _____

Date of the meeting of the Congregation where changes were approved: _____

Can the Committee on Ministry be of help to your Session in any way? _____

Signed _____ Date: _____

Clerk of Session

For the minister to complete:

I have read this report and agree that the report is accurate.

Signed: _____ Date: _____

Please return this report to the address below within one week of the meeting of the Congregation:

Committee on Ministry
Presbytery of Geneva
2472 State Route 54A
Penn Yan, New York 14527

Thank you.