

TRINITY PRESBYTERY
INFORMATION ON CHURCH EDUCATOR'S COMPENSATION PACKAGE – 2017

Please use this form to report to Presbytery compensation figures on your church educator.

Name of Church _____ **Name of Educator:** _____

Is this person a Certified Christian Educator? (check one) Yes No

Position: (check one) FT PT

Position Description: (check one) Generalist Youth Ministry Children/Families
Other (please specify) _____

SALARY	2017
1. Cash Salary	\$ _____
2. Utilities	\$ _____
3. Deferred Compensation (403b, etc.)	\$ _____
4. Other: (bonuses, unvouchedered allowances, gifts, medical deductibles)	\$ _____
5. TOTAL EFFECTIVE SALARY (lines 1-4)	\$ _____

BENEFITS	\$
6. Insurance** (see below!!)	\$ _____
7. Dental Insurance	\$ _____
8. Other _____	\$ _____
9. TOTAL BENEFITS (lines 6-8)	\$ _____

REIMBURSABLE PROFESSIONAL EXPENSES	
10. Travel	\$ _____
11. Continuing Education	\$ _____
12. Books	\$ _____
13. Business and Professional Expenses	\$ _____
14. Other _____	\$ _____
15. TOTAL REIMBURSABLE PROFESSIONAL EXPENSES (lines 10-14)	\$ _____
TOTAL (Total of line 5, line 9, and line 15)	\$ _____

Time for Vacation _____
Time for Continuing Education _____

**** If your educator is on the Board of Pensions there are many variables. Therefore, you must use the Board of Pensions' Dues Calculator to calculate this number (Some churches use a different insurer for their educator.).**

Go directly to the dues calculator:

<http://www.pensions.org//availableresources/calculatorsandmodelingtools/pages/dues-calculator.aspx>
Email to: mallory@trinity-presbytery.org

Or mail to: Trinity Presbytery, 554 DaVega Drive, Lexington, SC 29073
803-794-1225 or 800-321-4124