

**TRINITY PRESBYTERY
ANNUAL REPORT TO THE COMMISSION ON MINISTRY (COM)
CHURCH EDUCATOR COMPENSATION PACKAGE – 2018**

Please use this form to report to the COM compensation figures for 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

2018

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

BENEFITS

- | | |
|-------------------------------|----------|
| 5. Insurance | \$ _____ |
| 6. Dental Insurance | \$ _____ |
| 7. Other _____ | \$ _____ |
| 8. TOTAL BENEFITS (lines 5-7) | \$ _____ |

REIMBURSABLE EXPENSES

- | | |
|-----------------------------------------------------------------|----------|
| 9. Professional Expenses (meals, travel, etc.) | \$ _____ |
| 10. Continuing Education | \$ _____ |
| 11. TOTAL REIMBURSABLE EXPENSES (lines 9-10) | \$ _____ |
| 12. TOTAL COST TO CHURCH (Total of line 4, line 8, and line 11) | \$ _____ |

 Time for Vacation _____
 Time for Continuing Education _____

PLEASE RETURN COMPLETED FORM BY JANUARY 31, 2018 TO:

E-mail completed form to: trinitypresbytery@gmail.com
or

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