

TRINITY PRESBYTERY
ANNUAL REPORT TO THE COMMISSION ON MINISTRY (COM)
CHURCH EDUCATOR COMPENSATION PACKAGE – 2020

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

	2020
1. Cash Salary	\$ _____
2. Deferred Compensation (403b, etc.)	\$ _____
3. Other: (bonuses, unvouchedered 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 FEBRUARY 1, 2020 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