

**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, 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)	\$ _____

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Time for Vacation \_\_\_\_\_  
Time for Continuing Education \_\_\_\_\_  
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**PLEASE RETURN COMPLETED FORM BY FEBRUARY 1, 2020 TO:**

E-mail completed form to: [trinitypresbytery@gmail.com](mailto:trinitypresbytery@gmail.com)

or

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