

TRINITY PRESBYTERY
INFORMATION ON CHURCH EDUCATOR'S COMPENSATION PACKAGE – 2020

Please use this form to report to COM 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

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

BENEFITS

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

REIMBURSABLE EXPENSES

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

Time for Vacation _____
Time for Continuing Education _____

PLEASE RETURN COMPLETED FORM BY FEBRUARY 1, 2020 TO

Email to: trinitypresbytery@gmail.com

Or mail to: Trinity Presbytery, 554 DaVega Drive, Lexington, SC 29073
Ph: 803-794-1225