

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, unvouchered 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