

Alabama-West Florida Conference

Pastor Compensation Form

(Please complete this form in its entirety)

Status: (please choose one)

- Full Member (Elder, Deacon)
- Provisional (Elder, Deacon)
- AM/OE/OF
- Local Pastor
- Supply Pastor
- LM (Certified Lay Minister)
- Retired Pastor

100% 75% 50% 25% <25%

Effective dates *(required)*: _____
(Compensation dates should be a 12-month period, even if a change is expected in the future)

Name of Pastor: _____

Social Security No. _____

Home Address: _____

Home Phone Number: _____ Email Address: _____

Charge Name: _____

List Church Name(s) & AWF Number(s) _____

1. Salary paid by Charge \$ _____

This amount **includes** base pay, equitable compensation from the Conference and non-accountable allowances. This amount is before any voluntary employee reductions, such as UMPIP pension deductions, 403(b) plans, and written cafeteria plan deductions.

2. Utilities or Parsonage Exclusion *(Only if in parsonage)* \$ _____

Do Not include any amount on this line if you do not live in a parsonage and receive a housing allowance.

3. **Total Compensation** \$ _____

(Add lines 1 & 2)

4. Appointment Change Moving Expense \$ _____

Effective 1/1/2018	Minimum Salary	(Line 3 must total amount)		
\$ 37,200– Full Time	\$27,900 = 75%	\$18,600 = 50%	\$9,300 = 25%	\$9,299 = <25%

No pension credit or pension contributions when appointed at 50% or less

5. Travel Reimbursement *(Not included in Appointment Salary)* \$ _____

Must be on a line item in the Church budget and accessed through a voucher. This is **not** a part of the pastor's compensation, but an expense account for doing ministry. *If travel is not reimbursed by voucher, travel must be included in Line 1.*

6. Housing Information

Is a parsonage provided for the pastor? Yes No

Is a housing allowance provided in lieu parsonage? Yes No

If yes, how much? \$ _____

TPC: \$ _____ Pension Office use only

Signatures: *(required)*

Pastor: _____ Date _____

Charge SPRC Chair: _____ Date _____

Charge Treasurer: _____ Date _____

District Superintendent: _____ Date _____

Pastor Compensation Worksheet

(Totals listed below need to match the information on the front of this form)

<i>Church Name</i>	<i>Church Number</i>	<i>a) Pastor's Compensation</i>	<i>b) Parsonage or Utilities Exclusion</i>	<i>Total Compensation (a & b)</i>	<i>Appointment Change Moving Expense (receiving Church)</i>	<i>Housing Allowance (in lieu of parsonage)</i>	<i>Travel Reimbursement</i>
1.							
2.							
3.							
4.							
5.							
6.							
Totals:							