

# 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 \$ \_\_\_\_\_

<b>Effective 1/1/2018</b>	<b>Minimum Salary</b>	<b>(Line 3 must total amount)</b>		
\$ 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 &amp; 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.							
<b>Totals:</b>							