

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: _____ E-mail 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 1/1/2019	Minimum Salary	(Line 3 must total amount)		
\$38,000 = Full Time	\$28,500 = 75%	\$19,000 = 50%	\$9,500 = 25%	\$9,499 = <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 of parsonage? Yes No

TPC: \$ _____ Pension Office use only If yes, how much? \$ _____

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:							