This form is to be given to the District Superintendent at the earliest date:

DECEMBER 1 or CHARGE CONFERENCE

When completing this form in EXCEL, always work from a COPY to preserve formulas contained in the spreadsheet.

2012 UNY CLERGY COMPENSATION REPORT FORM

Pastor Name: _____

Church: _____ GCFA Number: _____

Effective Date of Salary Change is: _____

Acknowledgement: This form has been reviewed and approved by the Church Conference.

Signature of Pastor: _____

Signature of S/PPRC Chair: _____

Signature of District Superintendent: _____

OPTIONAL WORKSHEETS ARE AVAILABLE . PLEASE USE THE FORM BELOW TO REPORT COMPENSATION.

IF REPORTING CHARGE SALARY (ALL CHURCHES) ON THIS FORM, CHECK HERE & PUT 100% IN BOX BELOW:_____

If Pastor serves more than one church, please provide this church's percentage of total compensation:	0.00%
1. Gross Salary (see optional worksheet for items included)	
2. Parsonage: ____ Yes ____ No If YES multiply Line 1 by .25 (see below)	
$ -	
3. If #2 is No, enter housing allowance(in lieu of parsonage)	$ -
4. Pension Base Compensation (add lines 1-3)	$ -
BENEFITS	
5. Pension – CRSP Church Contribution (line 4 x .145)	$ -
6. Accountable Reimbursement Plan	
7. Health Insurance (HealthFlex =**enter this church's share** of $11,400 for full time clergy; Or an allowance for part time clergy)	$ -
8. CPP Premium, if eligible (line 4 x .02)	$ -
9. **TOTAL PASTORAL COMPENSATION PACKAGE** (add lines 1,3,5-8)	$ -
Anticipated Benefits Grant	$ -
Net Pastoral Compensation Package	$ -

For Conference Office Use Only: Date Entered in Database: _____ Initials _____

Date transmitted to GBOPHB: _____ Initials _____