

2017 APPOINTED CLERGY'S COMPENSATION

Clergy: _____ Classification: _____ Family Size: _____
 Compensation will be effective on _____ and was approved at a Charge Conference on: _____
 Mid-Year Change _____

Appointment Data (Current Appointment Only. If serving more than one church, list each church.)

GCFA#	Church Name	City	Housing Code	Housing Exclusion
1				
2				
3				

Compensation and other Financial Information

Type of Support	Charge Conference Approved Annual Salary	Utilities	Housing Allowance	Health Supplement
<i>Explanation, if necessary:</i>				
Total:	\$ -	\$ -	\$ -	-

Definitions for the above table:

Utilities:	* If the church intends to pay all utility expenses, enter the word "ALL" * If the church does not pay all utilities, enter the whole dollar amount the church will pay * If the church pays a Housing Allowance, the utility amount is included in the Housing Allowance
Housing Allowance:	* An amount paid to the clergy for housing purposes in lieu of a parsonage. It is set by the Charge Conference and is excluded for income tax purposes when reported to the IRS. This amount IS NOT included in the Charge Conference Approved Salary.
Housing Exclusion	* An amount designated at the clergy's request and approved by the Charge Conference that is part of the Charge Conference Approved Salary paid to the clergy and is excluded for Income Tax purposes when reported to the IRS. This is an optional amount that clergy with or without parsonage may designate. This amount is to be included in the Charge Conference Approved Salary.
Pension Benefits	* Benefits for eligible clergy are billed to the church monthly at a rate of 15%. For information on determining the church contribution for benefits, see the Charge Conference Form "Setting The Clergy's Salary". The church listed as (1) in the table above will be billed the pension.
Health Supplement	* The amount of the Health Supplement will be reviewed annually and any changes to the plan will necessitate a new Charge Conference. DS to approve any health supplement cost sharing arrangements.

1-Clergy receives health supplement to be paid by the church as wages: YES NO Clergy Initials _____

2-Clergy is opting out of supplemental compensation: YES NO Clergy Initials _____

2a-Explanation if necessary: _____

3-Clergy participates in the Florida Conference Pension Benefits Program: YES NO Clergy Initials _____

4-The amount budgeted for reimbursement of Clergy business expenses is: \$ _____

5-The amount budgeted for Clergy Continuing Education is \$ _____ and IS or IS NOT listed on line 4

By signing, I agree with the information contained in this document:

Clergy _____ Church Treasurer _____
 Presiding Elder _____ SPRC Chair _____
 District Superintendent _____