2025 ANNUAL SALARY REVIEW OF ORDAINED CLERGY **DEADLINE: March 7, 2025**

 (Form based upon *Effective Salary Worksheet for Ministers* from the Board of Pensions)

**Preferably email to: Stated Clerk at** **pbyclerk@gmail.com**

 **Or mail to P.O. Box 2507, Mesa, AZ 85214-2507**

1. MINISTER’S NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CHURCH’S NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. SERVICE: [ ] Full time (35 hours or more) [ ] Part-time (20-34 hours) ( \_\_\_\_\_\_\_\_\_\_\_ hours)

COMPENSATION **INCLUDED** IN EFFECTIVE SALARY

 Effective date of change \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Old) 2024 (New) 2025

* 1. Annual Cash Salary: 1. $\_\_\_\_\_\_\_\_\_\_\_\_ $\_\_\_\_\_\_\_\_\_\_\_\_
	2. Housing Allowance: 2. $\_\_\_\_\_\_\_\_\_\_\_\_ $\_\_\_\_\_\_\_\_\_\_\_\_
	3. Deferred compensation: 3. $\_\_\_\_\_\_\_\_\_\_\_\_ $\_\_\_\_\_\_\_\_\_\_\_\_
	4. Utility and furnishing allowances: 4. $\_\_\_\_\_\_\_\_\_\_\_\_ $\_\_\_\_\_\_\_\_\_\_\_\_
	5. Bonuses, unvouchered allowances, gifts from employer: 5. $\_\_\_\_\_\_\_\_\_\_\_\_ $\_\_\_\_\_\_\_\_\_\_\_\_

* 1. Other allowances: (e.g., medical deductibles, SECA allowance

 in excess of 50% of estimated obligation, etc.) 6. $\_\_\_\_\_\_\_\_\_\_\_\_ $\_\_\_\_\_\_\_\_\_\_\_\_

* 1. Manse amount: (must be at least 30% of lines 1-6 for members

 who qualify for the IRS housing allowance exclusion) 7. $\_\_\_\_\_\_\_\_\_\_\_\_ $\_\_\_\_\_\_\_\_\_\_\_\_

* 1. Total Effective Salary: (Sum of lines 1-7) 8. $\_\_\_\_\_\_\_\_\_\_\_\_ $\_\_\_\_\_\_\_\_\_\_\_\_
	2. BENEFITS PLAN DUES: (Please refer to your recent BOP billing) 9. $\_\_\_\_\_\_\_\_\_\_\_\_ $\_\_\_\_\_\_\_\_\_\_\_\_

COMPENSATION **NOT INCLUDED** IN EFFECTIVE SALARY

* 1. Accountable reimbursement plan (vouchered business expenses):
		1. Continuing Education Reimbursements 10a. $\_\_\_\_\_\_\_\_\_\_\_\_ $\_\_\_\_\_\_\_\_\_\_\_\_
		2. Automobile expenses 10b. $\_\_\_\_\_\_\_\_\_\_\_\_ $\_\_\_\_\_\_\_\_\_\_\_\_
		3. Business and professional expenses 10c. $\_\_\_\_\_\_\_\_\_\_\_\_ $\_\_\_\_\_\_\_\_\_\_\_\_
1. SECA Tax allowance: (only up to 50% of estimated obligation

 subject to the Board of Pensions requirements) 11. $\_\_\_\_\_\_\_\_\_\_\_\_ $\_\_\_\_\_\_\_\_\_\_\_\_

1. Group plan for medical deductible, coinsurance and dental

Premiums: 12. $\_\_\_\_\_\_\_\_\_\_\_\_ $\_\_\_\_\_\_\_\_\_\_\_\_

1. Other vouchered allowances: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 13. $\_\_\_\_\_\_\_\_\_\_\_\_ $\_\_\_\_\_\_\_\_\_\_\_\_

No reductions or downward adjustments are to be made to Effective Salary to reflect the amount of the Member’s SECA obligation.

 VACATION TIME \_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_

This report was reviewed WITH and approved BY the clergy prior to approval of Congregation/Mission/Board, etc.

 YES ( ) NO ( )

I approve of all the above data for the record regarding my call.

Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Pastor

An annual salary review was held / not held with the pastor this year.

Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Clerk of Session/Administrative Officer