

SALEM PRESBYTERY
 CERTIFIED CHRISTIAN EDUCATOR
 ANNUAL COMPENSATION REPORT FORM
 2023

NAME _____

CHURCH/EMPLOYING AGENCY _____ YEARS IN CURRENT POSITION _____

	<u>2023</u> <u>AMOUNT</u>	<u>CHANGE?</u>	<u>Presbytery</u> <u>MINIMUM*</u>
1. SALARY	\$ _____	YES __ NO __	\$45,428.73
2. MILEAGE REIMBURSEMENT (Provided means church approved business miles are reimbursed at current Federal allowable rate.)	\$ _____	YES __ NO __	Provided
3. BOARD OF PENSIONS			Provided
4. PROFESSIONAL DEVELOPMENT	\$ _____	YES __ NO __	\$1,125
5. VACATION	_____	YES __ NO __	4 WEEKS
6. STUDY LEAVE	_____	YES __ NO __	2 WEEKS
7. MATERNITY LEAVE (with full pay) OR	_____	YES __ NO __	2 MONTHS
8. PATERNITY LEAVE (with full pay)	_____	YES __ NO __	1 MONTH
9. SABBATICAL LEAVE TO BE PROVIDED		YES __ NO __	

* Minimums for Calls of $\frac{3}{4}$, $\frac{1}{2}$, $\frac{1}{4}$ time, multiply full time by fraction.

ADDITIONAL OPTIONAL FORMS OF COMPENSATION

	<u>2023</u> <u>AMOUNT</u>	<u>CHANGE?</u>
11. SOCIAL SECURITY SUPPLEMENT	\$ _____	YES __ NO __
12. DISABILITY INSURANCE	\$ _____	YES __ NO __
13. 403(B) PENSION OR TSA	\$ _____	YES __ NO __
14. MANSE EQUITY	\$ _____	YES __ NO __
15. FLEXIBLE SPENDING ACT - SEC. 125 PLAN	\$ _____	YES __ NO __
16. PROFESSIONAL EXPENSE REIMBURSEMENT	\$ _____	YES __ NO __
17. ADDITIONAL TIME OFF	_____	YES __ NO __
18. SICK LEAVE TIME	_____	YES __ NO __
19. COST OF TRIENNIAL BOUNDARY TRAINING	_____	YES __ NO __
20. OTHER _____		