

Compensation Worksheet

Congregation Name: _____
 Name of Clergy person: _____
 Weeks of Annual Vacation (must be at least four): _____
 Weeks of Annual Study Leave (must be at least two): _____
 Date of Last Sabbatical (PSNE Policy is every 6 years): _____
 Name of Person Filling out this Form: _____
 Contact Info: _____
 Date: _____

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| Cash Salary | |
| Housing Allowance or Manse FMV | |
| Flexible Medical Expense Reimbursement Account | |
| Other | |
| Other | |
| Other | |
| Total Effective Salary (Total of Above) | |
| Board of Pensions 37% of Total Effective Salary for 2019 (Medical + Pension) | |
| Vision Care via Board of Pensions (optional) | |
| Dental via Board of Pensions (optional) | |
| Supplemental Death and Disability via Board of Pensions (optional) | |
| Auto Expenses | |
| Professional Expenses | |
| Continuing Education | |
| FICA Offset 7.65% of Effective Salary (anything over 50% must be included in effective salary) | |
| Other Vouchered Expenses | |
| Other Vouchered Expenses | |
| | Clergy Signature |
| | Clerk Signature |

All information about Board of Pensions benefits offered such as Medical, Pension, Vision Care, Dental, Flexible Spending Account and 403(b) can be found at www.pensions.org