

**2017 COMPENSATION REPORT
PRESBYTERY OF EAST TENNESSEE**

PLEASE TYPE OR PRINT LEGIBLY

NAME: _____

POSITION: Minister Associate Interim Stated Supply Temporary Supply CRE DCE

EMPLOYMENT STATUS: Full-time Part-time - # of hours per week _____

CHURCH: _____

ADDRESS: (preferred mailing address): _____

TELEPHONE NUMBERS: Home _____ Fax _____

Work _____

Cell _____ E-mail _____

Do you have employment income other than from the position listed above? Yes No

List other employment and amount of income: _____

_____ \$ _____

	2015	2016
1. Salary	_____	_____
2. Use of Manse (30% of salary) <u>OR</u> Housing Allowance	_____	_____
3. Pension & Medical (35% of Effective Salary/36.5% for minister and family)	_____	_____
4. Insurance (specify) _____	_____	_____
5. SECA Reimbursement (7.65% of Effective Salary)	_____	_____
6. Mileage Allowance (IRS rate for 2017: 53.5 cents/mile)	_____	_____
7. Continuing Education Allowance	_____	_____
8. Other (specify) _____	_____	_____

Is a professional expense reimbursement account used? Yes No

Was an Annual Review of Compensation conducted? Yes No

Verified by Treasurer or Clerk of Session _____
Title _____

Signature of Minister/DCE _____

PLEASE RETURN BY February 24, 2017, TO:
Presbytery of East Tennessee
P. O. Box 31625
Knoxville, TN 37930-1625
OR FAX TO: (865) 689-3364
OR EMAIL TO: office@presbyteryeasttn.org