

**PASTORAL SUPPORT PACKAGE**

\_\_\_\_\_  
(name of church)

\_\_\_\_\_  
(name of pastor)

FOR CONFERENCE YEAR ENDING 2020-2021

Please complete the following form indicating compensation and benefits to or on behalf of your pastor. Please show amounts in annual figures.

**1.**

**BASIC SALARY**

Cash Salary \$ \_\_\_\_\_

Housing allowance if no parsonage (Amount: \$ \_\_\_\_\_/month) \$ \_\_\_\_\_

Parsonage (Fair Rental Value \$ \_\_\_\_\_/month. This amount is to be established by the Pastor for Social Security reporting.) \$ \_\_\_\_\_

Utilities provided (Estimate annual amount for all utilities.) \$ \_\_\_\_\_

Other; please describe \_\_\_\_\_ \$ \_\_\_\_\_

**2. FRINGE BENEFITS**

Health Insurance (Name of Carrier: \_\_\_\_\_) \$ \_\_\_\_\_

Social Security Reimbursement (Full \_\_\_\_\_ Partial \_\_\_\_\_) \$ \_\_\_\_\_

Pension (Percentage \_\_\_\_\_%) \$ \_\_\_\_\_

Life Insurance \$ \_\_\_\_\_

Other; please describe \_\_\_\_\_ \$ \_\_\_\_\_

**3. MINISTRY EXPENSES**

Accountable Reimbursement (Amount: \$ \_\_\_\_\_/month) \$ \_\_\_\_\_

Travel Allowance (Amount: \$ \_\_\_\_\_/month) \$ \_\_\_\_\_

Continuing Education Allowance (Amount: \$ \_\_\_\_\_/year) \$ \_\_\_\_\_

Other; please describe \_\_\_\_\_ \$ \_\_\_\_\_

**TOTAL ANNUAL PASTORAL SUPPORT PACKAGE** \$ \_\_\_\_\_

**SIGNATURES:** \_\_\_\_\_  
Vice-Chairman Date

\_\_\_\_\_  
Secretary Date

**Note:** Immediately following approval, get a copy to your pastor and another copy to District Superintendent Rev. Les Crossfield via email [greaterohiodistrict@gmail.com](mailto:greaterohiodistrict@gmail.com) or mail to: 5930 Wilcox Place, Suite I, Dublin, OH 43016.