2010 Salary & Benefits Package
California-Pacific Annual Conference of The United Methodist Church

District:		**Pastor**	
Church		**Effective Date:**	

For an accurate calculation, you MUST complete each statement below by typing X in the appropriate box.

a. The above-named pastor is: ☐ the pastor in charge ☐ an associate pastor

b. The above-named pastor is: ☐ full-time ☐ 3/4 time ☐ 1/2 time ☐ 1/4 time

c. The above-named pastor is: ☐ elder/deacon in full connection ☐ local pastor

☐ provisional elder/deacon ☐ Status AR or Waiver on file

For each item below, you MUST indicate a Method of Payment (except for the boxes marked "Leave this space blank"). The form will not calculate totals unless EVERY Method of Payment box contains a letter (A,B,D,R) or the word NONE.

A = Allowance Paid to Pastor without receipt
D = Direct Payment to Vendor (service provider, utility)
B = Benefit Payment (i.e. insurance, CRSP, CPP)
R = Reimbursement following presentation of receipt or voucher

ITEM	METHOD OF PAYMENT (A, B, D R or none)	AMOUNT
1. Salary (not tax-adjusted)	LEAVE THIS SPACE BLANK.	
2. Continuing Education (minimum $500 for full time service)		
3. Automobile and Transportation (minimum $3500 for full time service)		
4. Travel		
5. Utilities		
6. Professional Expenses		
7. Geographical variant (Hawaii & other approved remote areas - $500)		
8. Annual Conference expenses		
9. Social Security tax allowance (see note in Guidelines)	A	
10. Tax-deferred contribution to 403(b) plan	A	
11. Other --- specify:		
12. ADJUSTED SALARY Total of Line 1 and all items marked as an allowance (A)	**ADJUSTED SALARY**	LEAVE THIS SPACE BLANK.
13a. Housing--NOT parsonage (minimum allowance of $18,000 for full-time)	LEAVE THIS SPACE BLANK.	
13b. Housing--PARSONAGE (25% of Adjusted Salary in Line 12)		LEAVE THIS SPACE BLANK.
14. PLAN COMPENSATION (Total of Adjusted Salary in Line 12 plus Line 13a or 13b)	**PLAN COMPENSATION**	LEAVE THIS SPACE BLANK.
15a. Health Insurance Premiums (coverage through conference carriers)	B	
15b. Health Benefit Payments --- other carrier: specify:	B	
16. Dental Insurance (optional)	B	
17. CRSP-DC (3.1% of Line 14) (Clergy Retirement Security Program - Defined Contribution)	**B**	
18. CRSP-DB Funding (12% of Line 14) (Clergy Retirement Security Program - Defined Benefit)	**B**	
19. CPP (see Guidelines for instructions) (Comprehensive Protection Plan)	**B**	
20. TOTAL SALARY & BENEFITS (Total of All Items in Amount Column)	LEAVE THIS SPACE BLANK.	

SPRC Chair: _____ Date: _____

Pastor: _____ Date: _____

DS: _____ Date: _____