

Mid-Year Change Form: APPOINTED PASTOR'S COMPENSATION

Approved by DS at time of mid-year appointment or compensation change

Pastor _____ Spouse _____ Classification _____

District _____ Birth Date _____ Gender (M) _____ (F) _____

Appointment Data (Current Appointment Only. If serving more than one church, list each church).

Church Name	City	Parsonage Bed/Baths	Housing Code (P, H, N)
*1.			
2.			
3.			

Compensation and other Financial Information: (Amounts below should reflect 12 month/annual compensation)

Church GCFA#	(Column A) Charge Conference Approved Salary	(Column B) Utilities	(Column C) Housing Allowance [Not included in Column A – Approved Salary]	(Column D) Housing Exclusion [Included in Column A – Approved Salary]
*1.				
2.				
3.				
Conf. Support – Equitable Salary				
District Salary Support				
Other Salary Support				
TOTAL				

Definitions for the Table Above:

Utilities

- If the church intends to pay all utility expense enter the word "All".
- If the church does not pay all utilities, indicate the \$ amount the church will pay.
- If the church pays a Housing Allowance in lieu of a parsonage, any amount for utilities must be reported as a part of the Housing Allowance. Not under utilities.

Housing Allowance is an amount paid to the pastor for housing purposes in lieu of being provided a parsonage. This amount is set by Charge Conference and is excluded for income tax purposes when reported to the IRS. This amount **IS NOT** included in the Charge Conference Approved Salary (Column A).

Housing Exclusion is an amount designated at the pastor's request and approved by the Charge Conference that is part of the Charge Conference Approved Salary paid to the pastor and is excluded for Income Tax purposes when reported to the IRS. This is an optional amount that clergy with or without parsonages may designate. This amount is to be included in the Charge Conference Approved Salary (in Column A above).

Health and Pension Benefits for eligible clergy are billed to the church monthly. For information on determining the church contribution for benefits see Charge Conference Form "Setting The Pastor's Salary" and the HR Benefit website under the Administration Tab on the Florida Conference website www.flumc2.org. Blended Rate is the amount billed to the church from the Florida Conference for an eligible appointed clergy's health insurance. This does not include the clergy's contribution for health premium or other optional benefits in which they may choose to enroll. *Church listed as (1) in the tables above will be billed the pension, health, and other benefit invoices for pastor unless otherwise arranged with FL Conference Human Resources.

- 1) YES NO Pastor receives conference health insurance benefits and church will be billed monthly blended rate.
- 2) YES NO Pastor participates in Florida Conference Pension Benefits program.
- 3) The amount budgeted for reimbursement of clergy business expenses is: \$ _____.
- 4) The amount budgeted for Clergy Continuing Education is \$ _____ and is INCLUDED in the business expense line 3.
- 5) The amount budgeted for Clergy Continuing Education is \$ _____ and is NOT included in the business expense line 3.

Compensation effective date: _____

Signature of District Superintendent: _____

Pastor & SPRC: please sign below & return to the District Office.

Mailed to incoming Pastor – Name: _____ Date: _____ Signature of Pastor: _____

Mailed to SPRC Chair – Name: _____ Date: _____ Signature of SPRC: _____

Mailed to Church Treasurer – Name: _____ Date: _____