

SALARY PACKAGE AND SUPPORT INFORMATION
(Report from Departing Pastor)

Name _____ Date _____

Congregation and Location _____

- 1. **SALARY** - Base for 20__ \$ _____
 - a. Plus annuities such as extra pension contribution, IRA \$ _____
 - b. Are you receiving Social Security? ___ 50% ___ 100% ___ Other ___ Amount \$ _____

- 2. **HOUSING**
 - a. () Parsonage Housing Equity \$ _____
Utilities \$ _____ Furnishing Allowance \$ _____
OR
 - b. () Housing Allowance \$ _____ (Including utilities)

Note: Dollar items in their category are in addition to base salary.

- 3. **PENSION, BENEFITS AND HEALTH INSURANCE**
Are you supported in the ELCA Pension and Benefit Plan? Yes () No ()
Pension Benefit ___ 10% ___ 11% ___ 12%

- 4. **CONTINUING EDUCATION**
Is time provided for Continuing Education? Yes () No ()
How much financial assistance is provided? \$ _____
Is the time or amount accumulative? Yes () No ()
Do you have provision for Sabbatical Study Leave? Yes () No ()
Have you taken a Sabbatical Leave while pastor of this congregation? Yes () No ()

- 5. **AUTO ALLOWANCE**
Annual Amount \$ _____ Per mile \$ _____ or congregation-owned vehicle Yes () No ()
Total business miles driven during the past year _____

6. **ANY OTHER AMOUNTS PAID TO YOU** (Describe) _____

7. **VACATION:** Weeks _____ Sundays _____

8. **PARISH MEMBERSHIP** (if more than one congregation, give separate figures.)
Baptized _____ Confirmed _____

