

**ANNUAL REPORT OF CHANGES IN TERMS OF CALL
OR COMPENSATION**

This form must be completed by all Active Members of the presbytery serving in Called or Validated positions, as well as by students, ministers of other denominations, and Active Members of the presbytery serving part-time or temporary positions. If your contract starts other than January 1, please consider "Current Year" your existing contract and "Next Year" your new contract.

THIS IS A REQUIREMENT, NOT A REQUEST

*Please complete the following and return to Stephanie Worden at the presbytery office at
1701 E. 2nd. St., Suite 100, Bloomington, IN 47401*

Name _____ Effective date of salary/benefits change _____

Employing Organization _____

Please fill in actual amounts not increase/decrease amounts.

	Current Year	Next Year
Salary	\$	\$
Housing Allowance	\$	\$
<i>or Fair Rental Value of Manse</i>	\$	\$
Utilities (If separate from Housing)	\$	\$
SECA Offset	\$	\$
Pension/Major Medical	\$	\$
Medical Deductible	\$	\$
Optional Board of Pensions dues		
Dental	\$	\$
Death Benefit	\$	\$
Deferred compensation/annuity paid by employer	\$	\$
Professional Expenses	\$	\$
Books and Periodicals (if not listed above)	\$	\$
All mileage paid at current IRS rate	Yes _____ No _____	Yes _____ No _____
Continuing Education	\$	\$
Continuing Education time away	_____ weeks incl. Sunday	_____ weeks incl. Sunday
Any other compensation not listed elsewhere	\$	\$
Vacation	_____ weeks incl. Sunday	_____ weeks incl. Sunday
My employer has adopted an Account Reimbursable Plan for all employees	Yes _____ No _____	Yes _____ No _____