

## Report of Changes in Installed Pastor's Compensation – 2025

Please fill out the compensation information below for 2024 and 2025 according to the instructions.

Signed copies are to be returned to the Charleston Atlantic Presbytery

**PLEASE SUBMIT TO PRESBYTERY OFFICE IMMEDIATELY AFTER CONGREGATIONAL MEETING**

Church Name: \_\_\_\_\_

Minister's Name: \_\_\_\_\_

Minister's Title: ( ) Pastor ( ) Associate Pastor ( ) Designated Pastor ( ) Co-Pastor ( ) other

This Call is: ( ) full-time ( ) half-time ( ) other: \_\_\_\_\_

Salary and Benefits	2024	2025
Salary	_____	_____
Housing Allowance	_____	_____
Utility Allowance	_____	_____
Deferred Income (Employer Contribution to Retirement savings, annuity or other)	_____	_____
Other Income (please explain) _____	_____	_____
<b>Total Effective Salary</b>	_____	_____
SECA Tax Reimbursement (7.65% of Effective Salary)	_____	_____
Professional Expenses	_____	_____
Continuing Education	_____	_____
Automobile Reimbursement or Mileage	_____	_____
Board of Pensions	_____	_____
Other Insurance	_____	_____
Other Allowances (please explain) _____	_____	_____
<b>Total Compensation Package</b>	_____	_____
Weeks of Paid Vacation/Leave	_____	_____
Weeks of Study Leave	_____	_____

**IN MAKING THIS REQUEST, I CERTIFY THAT THE ABOVE CHANGES HAVE BEEN APPROVED BY THE SESSION AND THE CONGREGATION OF THE**

\_\_\_\_\_ **PRESBYTERIAN CHURCH.**

**SIGNED:** \_\_\_\_\_

**Clerk of Session**

The Commission on Ministry needs complete information on salary for all pastors, associate pastors, persons working for church institutions and persons laboring in validated ministries approved by Charleston Atlantic Presbytery. Please submit form for each pastor or associate pastor even if there are no changes. Your cooperation is appreciated.

PLEASE RETURN THIS FORM TO CHARLESTON ATLANTIC PRESBYTERY,  
4701 PARK PL W,  
NORTH CHARLESTON, SOUTH CAROLINA 29405-4627

or email to [mjones@capresbytery.org](mailto:mjones@capresbytery.org)

NO LATER THAN \_\_\_\_\_ IN PREPARATION FOR THE WINTER STATED MEETING

Signatures:

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Pastor

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Clerk of Session

*Signed copies to be given to: 1) the minister, 2) the clerk of session, 3) the presbytery and 4) the minister's presbytery of membership/care (if other than the presbytery of this congregation).*