

**EDUCATOR COMPENSATION 2022
(For Non-Ordained Staff)**

Deadline: January 31, 2023

Scan & Email To: lemmonsberry@providencepres.org or

**Mail to: Providence Presbytery
515 Oakland Avenue, Rock Hill, SC**

Name: _____ Church: _____

Email: _____ Phone: _____

Status Information (Please check):

Full-time: _____ Part-time _____ If part-time, how many hours a week? _____

Educational level: Bachelor's degree _____ Master's degree _____

Certification: Certified Educator _____ Certified Associate Educator _____

1. ANNUAL CASH SALARY (Please list) \$ _____

2. PENSION/MEDICAL BENEFITS (Please check if receiving)

_____ MAJOR MEDICAL
_____ RETIREMENT
_____ DEATH & DISABILITY BENEFITS

\$ _____ (total paid per year)

3. MILEAGE (Please check if receiving)

_____ Reimbursed at _____ cents per mile.

If this is a budgeted item, how much allotted per year? \$ _____

or

_____ Reimbursed at actual costs.

If this is a budgeted item, how much per allotted year? \$ _____

or

_____ Paid in a stipend of _____ per year.

4. VACATION (Please give number of hours PAID per year) _____

5. CONTINUING EDUCATION (Please give amounts)

_____ amount budgeted per year

_____ Hours per year (paid)

6. OTHER BENEFITS (Please list Items Not listed any other place on this form,
such as housing provisions) _____

_____ COMMENTS _____

GRAND TOTAL COST TO CHURCH \$ _____