

**EDUCATOR COMPENSATION 2024
(For Non-Ordained Staff)**

Deadline: January 22, 2024
Scan & Email To: lemmonsberry@providencepres.org or
Mail to: Providence Presbytery
P. O. Box 2601, Rock Hill, SC 29732

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 \$ _____

2. PENSION/MEDICAL BENEFITS (Please check if receiving)
MAJOR MEDICAL
RETIREMENT
DEATH & DISABILITY BENEFITS

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 \$ _____