

MUSICIAN COMPENSATION 2024 (For Non-Ordained Staff)

Make additional copies if needed or complete an additional fillable form

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. CASH SALARY (Please list) \$ _____ (total paid per year)

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)

_____ weeks per year (paid)

5. CONTINUING EDUCATION (Please give amounts)

_____ amount budgeted per year

_____ weeks per year (paid)

6. OTHER BENEFITS (Please list) _____

(Not listed any other place on this form, such as housing provisions)

7. COMMENTS _____

GRAND TOTAL COST TO CHURCH \$ _____