

THE UNITED METHODIST CHURCH
SOUTH GEORGIA CONFERENCE
COMMISSION ON EQUITABLE

APPLICATION FOR EQUITABLE SALARY COMPENSATION

Please refer to recommendations adopted at 2009 Annual Conference for qualifying requirements and procedures for application. Applications must be sent to the Commission Chairman and a copy to the South Georgia Administrative Service office no later than December 1, 2010. No checks can be issued until the Commission approves the application. Incomplete applications will be returned. When there is a pastoral change or change of status for the current pastor that affects the minimum salary a new application is required.

Mail to: Rev. Michael Finn, Chairman
P.O. Box 424
Pelham, Georgia 31779

Mail to: South Georgia Administrative Service office
P. O. Box 52101
Macon, GA 31208
Fax: 478-738-9768

Pastor _____	District _____	Name Of Charge/Charge _____
Address _____		
Street or P.O. Box #	City	State
	Zip Code	Telephone
Date of Application _____	Pastor's Conference Status _____	

A complete application includes the following items:

1. **APPORTIONMENT INFORMATION (WILL BE SUPPLIED BY ADMINISTRATIVE SERVICES OFFICE)**
2. **FINANCIAL INFORMATION :**

	2009	2010
Local Church Budget	\$ _____	\$ _____

(Completion of the attached form or a computer printout of current and prior year budgets and reports of actual income & expense must be attached)

Accumulated money must be explained as designated or undesignated:

<u>CD's/Savings/money market</u>	<u>Amount</u>	<u>Designated (yes or no)</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

3. STEWARDSHIP EMPHASIS:

How do you emphasize stewardship within your congregation?

Do you have a budget campaign? (yes or no) _____

If yes, total amount pledged: _____

Number of pledges _____

Number of active members _____

Average worship attendance _____

4. NUMBER OF CHURCHES ON YOUR CHARGE

Check here

(a) Is this an application for one church only? _____

- (b) If yes, which church? _____
- (c) How many years has this church received equitable salary? _____
- (d) Describe your strategy to come off equitable salary.

5. **IS THE PASTOR AN ELDER SERVING LESS THAN FULLTIME?** _____ DISCIPLINE PARAGRAPH (342.2)

6. **IS A PARSONAGE PROVIDED?** Yes _____ No _____
 If the answer is no, \$ amount of housing allowance (in addition to salary) _____

7. **CHURCH CATEGORY:**

Established Church _____ New Church _____ Special Case _____

If you checked Special Case, please attach an explanation why you are so designated.

This portion must be signed by at least two of the following: Chairperson of Pastor Parish Relations Committee, Chairman of Finance Committee, or Church Treasurer.

Signed _____ Pastor/Parrish Relation Chair
 Address _____
 Street or P.O. Box # City State Zip Code Telephone

Signed _____ Finance Chair or Treasurer
 Address _____
 Street or P.O. Box # City State Zip Code Telephone

(This portion to be completed by Pastor and District Superintendent)
MINIMUM SALARY SCALE FOR 2011

Full Conference Member	\$39,150	(a)	\$ _____
Probationary and Associate Members	\$35,153	(a)	\$ _____
Full -Time Local Pastor	\$32,952	(a)	\$ _____
Retired Supply Pastor a maximum amount of	\$ 2,000	(a)	\$ _____

Additional Benefits:

Spouse or first Dependent if not married	700	(b)	\$ _____
First dependent if married second if not married	600	(c)	\$ _____
Each additional dependent	500	(d)	\$ _____

Minimum Salary for your minister: (Add items (a), (b), (c) and (d)) \$ _____
Portion of Salary to be paid by the Church or Charge: \$ _____
Portion of Salary from any other source (Please give details in space at bottom of this page.) \$ _____
Request from Commission on Equitable Compensation \$ _____

(To arrive at amount requested, please subtract the salary to be paid by the church or charge and any other salary funds available from the "Minimum Salary for your minister".)
 (Definition of dependent: A person considered a dependent on Income Tax Return).
 (Income of spouse or dependents is not considered in arriving at Pastors Income).

Signed _____ Pastor Signature Approved _____ District Superintendent Signature

DISTRICT SUPERINTENDENT: If this church or charge is a "special cases" (as marked in item 7 above), then please write us a letter sharing why this is a special circumstance and should receive equitable compensation funds. See the Equitable Compensation Report, Section II, Part B, item # 6.