

REPORT FORM  
**COMPENSATION FOR NON-ORDAINED PERSONNEL IN 2016**  
 The Presbytery of Elizabeth

**CHURCH NAME** \_\_\_\_\_ **MEMBERSHIP** \_\_\_\_\_  
**ADDRESS** \_\_\_\_\_ **PHONE NUMBER** \_\_\_\_\_

<b>PAID NON-ORDAINED STAFF (List by position)</b>	<b>2016 F/T*</b>	<b>2016 P/T*</b>	<b>2016 Salary</b>	<b>2016 Benefits**</b>
<b>MUSICIANS:</b> (Organist, Choir Dir.)				
<b>CHRISTIAN EDUCATORS:</b>				
<b>OFFICE MANAGER:</b>				
<b>TREASURER or FIN. SEC.</b>				
<b>SECRETARY/CLERICAL:</b>				
<b>CUSTODIAL:</b>				
<b>OTHER:</b>				
<b>GRAND TOTAL</b>				

\*See code on reverse  
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- \* Is the remuneration to each employee paid in terms of **hours** (1hr.) worked, **days** (1 day) worked, **weeks** (1 wk.) worked, **months** (1 mo.) worked? Please indicate opposite each position how remuneration is paid.
- \*\* What benefits do you give to each employee? (Please insert the appropriate letter in the benefits column for each employee on the other side of this page)
  - V. **V**acation
  - M. **M**edical Insurance
  - P. **P**ension
  - L. **L**ife Insurance
  - H. **H**ousing Allowance
  - E. **E**ducation Reimbursement
  - O. **O**ther \_\_\_\_\_

Date: \_\_\_\_\_ Reported by \_\_\_\_\_

Title \_\_\_\_\_

Phone Number during day/evening \_\_\_\_\_

The information on this report form may be helpful to other churches of The Presbytery of Elizabeth. We appreciate your assistance.

Please **return this form to the Presbytery Stated Clerk by Thursday, February 19, 2016**

RE Jeremy Campbell, Stated Clerk  
The Presbytery of Elizabeth  
525 E. Front St.  
Plainfield, NJ 07060