

**COMMISSION ON EQUITABLE COMPENSATION
REQUEST FOR ASSISTANCE**

CHURCH/CHARGE: _____

PASTOR: _____

CLERGY STATUS: ___ Local Pastor; ___ Associate Pastor; ___ Deacon; ___ Elder

EFFECTIVE DATE: _____

CURRENT SALARY: _____ (Current Pastor's Compensation Form as approved by Church/Charge Conference shall be attached.)

SALARY ASSISTANCE REQUESTED: _____

PENSION FOR SALARY REQUEST: _____ (computed by Conference Treasurer)

TOTAL ASSISTANCE REQUESTED: _____

AMOUNT APPROVED: _____

SUPPORT FORM ATTACHED; incomplete applications may not be considered.

REQUESTED BY:

CHAIR PPRC/SPRC: _____ DATE: _____

DISTRICT SUPERINTENDENT: _____ DATE: _____

APPROVED BY:

CHAIR, CEC: _____ DATE: _____

SUPPORT FORM FOR EQUITABLE COMPENSATION
To be completed by PPRC/SPRC

CHURCH/CHARGE: _____

MISSION STATEMENT:

VISION STATEMENT:

NUMBERS OF MEMBERS: _____

AVERAGE WORSHIP ATTENDANCE: _____

What percentage of Shared Ministries did the church pay last year? _____

Does the church have an annual stewardship campaign? _____ If yes, please describe: _____

Please submit a list of all church staff including salaries and benefits.

Please submit a detailed copy of your church's budget.

What is your plan for coming off equitable compensation within five years from the time that equitable compensation starts?

If the church/charge is a mission church, what additional financial support is being received and from whom?

Chairperson PPRC/SPRC Signature: _____

Phone Number: _____ Email Address: _____

Date: _____