

# 2025 COMPENSATION REPORT

PRESBYTERY OF EAST TENNESSEE

PLEASE TYPE OR PRINT LEGIBLY

**NAME:** \_\_\_\_\_

**POSITION:**  Minister  Associate  Interim  Temporary/Stated Supply  CLP  DCE

**EMPLOYMENT STATUS:**  Full-time  Part-time - #of hours per week \_\_\_\_\_

**CHURCH:** \_\_\_\_\_

**ADDRESS:** (preferred mailing address): \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**PHONE NUMBERS/Email:** Home \_\_\_\_\_ Work \_\_\_\_\_  
 Cell \_\_\_\_\_ E-mail \_\_\_\_\_

**Do you have employment income other than from the position listed above?**  Yes  No

**List other employment:** \_\_\_\_\_

**Sabbatical - if in current call 7+years:**  Yes – dates: \_\_\_\_\_  Planned–dates: \_\_\_\_\_  No

**Were 12 weeks of Family Leave added to your contract for 2025?**  Yes  No

**In which medical benefits plan are you enrolled?**  Congregational Pastor’s Package Member ONLY 16%

Congregational Pastor’s Package Dependent  Transitional Pastor’s Participation 33%

	2024	2025	
1. Salary			
2. Use of Manse (30% of salary) OR Housing Allowance			
3. Pension & Medical (37% of Effective Salary)		<b>2025 Pension</b> ↓ (10% of effective salary) ↓	<b>2025 Medical</b> ↓ (based on answer above) ↓
4. Other Insurance (specify)			
5. SECA Reimbursement (7.65% of Effective Salary)			
6. Mileage Allowance (current IRS rate)			
7. Continuing Education Allowance			
8. Other (specify)			

**Is a professional expense reimbursement account used?**  Yes  No

**Was an Annual Review of Compensation conducted?**  Yes  No

**Verified by Treasurer or Clerk of Session** \_\_\_\_\_  
 Title \_\_\_\_\_

**Signature of Minister/DCE**  
 \_\_\_\_\_

**PLEASE RETURN BY February 21, 2025, TO:**

Presbytery of East Tennessee  
 P. O. Box 31625, Knoxville, TN 37930-1625  
 OR EMAIL TO: office@presbyteryeasttn.org