

**Diocese of New Jersey
2012 Compensation Report for Part-Time Clergy**

Complete this form for each part time Clergy.(noting N/A or zero if applicable).

1. Name of church _____ 2. Town _____

3. Name of clergy _____

4. Position: (Circle one) Interim Vicar Curate Assistant Associate

5. Time

a. Number of Hours per week _____ or Units per Week _____ % of full time _____

b. Number of Days per week _____

5. Annual Cash salary _____

6. Housing allowance _____

7. Housing provided? Yes _____ No _____

8. Automobile provided? Yes _____ No _____ Associated Cost _____

9. Are professional expenses reimbursed? Yes _____ No _____

If yes, how much is budgeted? _____

10. Social Security offset (7.65%) _____

11. Church Pension Fund premium _____

12. Health Insurance Expense _____

13. Life Insurance Expense _____

14. Dental Insurance Expense _____

15. Continuing Education Expense _____

16. Other: List: _____

Total Compensation _____

Treasurer's Name & Signature _____

Warden's Name & Signature _____

Clergy Name & Signature _____

**Returned by March 1, 2012
Mail: Finance Department, Diocese of New Jersey,
808 West State Street, Trenton, NJ 08618-5326**