

Member of the Presbytery of Arkansas* 2025 Compensation Report

Name _____ Position _____

Employer** _____

Address _____ Email _____

Are you employed part-time? _____ If so, how many hours per week? _____

Effective Salary	2024	2025
Cash Salary	_____	_____
Housing (or 30% of salary for manse)	_____	_____
Utilities Allowance	_____	_____
Deferred Compensation	_____	_____
Other Allowances	_____	_____
Total	_____	_____

Reimbursable Expenses

Automobile (_____ per mile)	_____	_____
Business/Professional Expenses	_____	_____
SECA Supplement (up to 50%)	_____	_____
Continuing Education	_____	_____
Board of Pensions/Medical _____	_____	_____
Other Reimbursable Expenses	_____	_____
Total Allowances	_____	_____

Total Effective Salary, Benefits & Allowances _____

Vacation Time _____ Study Leave _____ Sabbatical? _____ When? _____

* All ordained MWS members of the Presbytery of Arkansas and CREs serving congregations are asked to fill out this form. **MWS members also have 12 weeks paid family medical leave per the Book of Order (G-2.0804)** Please return this form by March 31, 2025 to Rev. Blake Brinegar, revbrinegar@gmail.com or 9221 N. Rodney Parham Rd., Little Rock, AR 72227.

** The Presbytery of Arkansas, through its COM, acts to concur with all changes in terms of call of MWS in pastoral positions. This report constitutes a request to do so if you are in a pastoral position and there are any changes.