

## 2025 COMPENSATION RETURN FORM

| PARISH/MISSION NAME:          |                |           |                      | TOWN/CITY: |                        |      |  |
|-------------------------------|----------------|-----------|----------------------|------------|------------------------|------|--|
| Clergy & Licensed Lay Workers | ANNUAL STIPEND |           | HOUSING<br>ALLOWANCE |            | TOTAL                  |      |  |
| Name (please print)           | 2024           | 2025      | 2024                 | 2025       | 2024                   | 2025 |  |
|                               |                |           |                      |            |                        |      |  |
| Salaried Parish Staff         | SALAF          |           | RY SET               |            | HOURS / MONTH          |      |  |
| Name (please print)           |                | 2024 20   |                      | 2024       | 1                      | 2025 |  |
|                               |                |           |                      |            |                        |      |  |
| Hourly Parish Staff           | HOURLY RATE    |           | FIXED HOURS / MONTH  |            | VARIABLE HOURS / MONTH |      |  |
| Name (please print)           | 20             | 2024 2025 |                      | 24 2025    | 2024                   | 2025 |  |
|                               |                |           |                      |            |                        |      |  |
|                               |                |           |                      |            |                        |      |  |
| Completed by:                 |                | Date:     |                      |            |                        |      |  |
| Authorized by:                |                |           |                      |            |                        |      |  |
| Warden Name                   | Signat         | ure       |                      | Date       |                        |      |  |
| Warden Name                   | Signat         | ure       |                      | <br>Date   |                        |      |  |

## **NOTES:**

- Fixed hours/month are paid during the month of service, variable hours/month are paid in the month following service; hours must be reported by the **3rd day of every month.**
- Please indicate which, if any, employees have a summer stop of their employment.
- Clergy receiving less than the 2025 minimum stipend, in accordance their year of ordination, will automatically receive an increase starting in January to ensure adherence to the diocesan compensation standards. A note to confirm this increase will be sent directly to the parish's wardens in December. This form may be used to make an additional increase beyond the minimum compensation rate.

Please return this form by January 2, 2025 to ensure that changes take effect at the start of the year.

Email: payroll@niagaraanglican.ca Fax: 905-527-0963