

**SALARY REVIEW FORM
CENTRAL CANADIAN DISTRICT
2009**

EMPLOYEE'S NAME: _____

POSITION: _____

CHURCH: _____

Employee's salary as of _____
Day Month Year

The remuneration package is (will be)****broken down as follows:**

** ANNUAL SALARY - **Basic salary plus taxable benefits** A\$ _____
(Do **not include** Clergy Residence Deduction or
Car Expense reimbursements in this line)

** CLERGY RESIDENCE DEDUCTION (for budget only) B\$ _____

TOTAL A&B \$ _____

INSURANCE COVERAGES:

(Please check if church pays the following:)

	All	Partial
Group Life Insurance Premiums	___	___
Group Long-Term Disability	___	___
Extended Health/Dental Care	___	___

Signed: _____

Position: _____

Return to: John Peneycad, DIRECTOR OF FINANCE AND OPERATIONS BY JANUARY 31, 2009
THE CHRISTIAN AND MISSIONARY ALLIANCE
155 PANIN RD., BURLINGTON, ON L7P 5A6
PH. # (905) 639-9615 EXT 219, FAX (905) 634-7044

PLEASE GIVE A COPY OF THIS COMPLETED FORM TO THE EMPLOYEE/OFFICIAL WORKER INVOLVED.

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