



OFFICE FOR TRANSITION MINISTRY – BASIC INFORMATION

Name of Church: _____

Address: _____

Phone: _____ **Email:** _____

Website: _____

Contact Name: _____

(Name of Transition Ministry Officer)

Phone: _____ **Email:** _____

Order of Ministry Required: _____

(select one - Bishop, Priest, Deacon, Lay, Lay or Ordained)

Position Title: _____

(e.g. Rector, Vicar, Priest-in-charge)

Receiving Names Until: _____

(standard – 6 weeks from profile completion)

Weekly Average Sunday Attendance (ASA):

Weekend Services: _____

Weekday Services: _____

Other Services/Month: _____

Compensation/Housing/Benefits

Current Annual Compensation: \$ _____

Cash Stipend: \$ _____

Housing Allowance/Rectory: \$ _____

House Supplied (Yes/No): _____

Utilities Included (Yes/No): _____ Utilities: \$ _____

SECA (Self-Employed Contributions Act) Taxes

SECA Reimbursement (Yes/No): _____

SECA Reimbursement Option (select one - N/A, Full, Half, Other): _____

SECA Reimbursement: \$ _____

Compensation Available for New Position: \$ _____

Negotiable (Yes/No): _____



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Additional Compensation Note (100-character limit, including punctuation and spaces):

Pension in compliance with Church Pension Fund requirements (Yes/No): _____

Healthcare Option (select one – full family; clergy+1; clergy only; negotiable): _____

Dental Option (Yes/No): _____

Housing Equity Allowance in Budget (Yes/No/Negotiable): _____

Annual Equity Amount: \$ _____

Vacation Time (# of weeks): _____

Continuing Education Time (standard 2 weeks/other): _____

Continuing Education Budget: \$ _____

Sabbatical Provision (Yes/No): _____

Travel/Auto Account (Yes/No): _____ Travel/Auto Budget: \$ _____

Other Professional Account: _____

Additional Compensation: _____

Incumbent History

Name: _____

Position Title: _____

Date Begun: _____ Date Ended: _____

Name: _____

Position Title: _____

Date Begun: _____ Date Ended: _____

Name: _____

Position Title: _____

Date Begun: _____ Date Ended: _____

