

CHARGE CONFERENCE FORM #20: Certification of Payment

WORKSHEET FOR PREPARATION – COMPLETE FORM ONLINE at http://www.calpacumc.org/ccf20_certpayment

WHY THE CERTIFICATION OF PAYMENT IS REQUIRED

This report documents payment by the local church to appointed pastoral staff during their appointment. "No pastor shall be entitled to any claim for unpaid base compensation against any church or charge served after the pastoral connection with the church or charge has ceased." (*The Book of Discipline 2020/2024* ¶342.4).

WHO COMPLETES THE REPORT

All Clergy appointed by or Lay Persons Assigned (LPA) by the Bishop to a local church in the California-Pacific Conference are to complete this form with their church leadership at the end of each calendar year or at the end of each appointment. If a Clergy Member is receiving compensation from more than one church (i.e. split appointment), complete a separate form for each salary paying unit.

WHEN THIS REPORT SHOULD BE COMPLETED

This form is to be completed by Friday, February 5, 2027 for the previous calendar year 2026. The questions are aligned with questions for clergy salary in the Statistics Table 2 Supplement. Thus, completing this report will help with the annual statistical reporting as well. For churches & clergy changing appointments, the clergyperson and the church they are exiting should complete this form within one month of the end of the appointment.

RESOURCES YOU MAY NEED

The following documents may be needed to complete the work in this report.

- 2026 Clergy Salary & Benefits Form
- Clergy Member or LPA's final payroll summary, if provided by a payroll service.
- Worksheet to prepare to complete this form (PDF)

DISTRIBUTION OF REPORTS: The following individuals receive a copy of the report. You do not need to email your form separately to any of the individuals named below.

- **SPRC Chair**
- **Clergy Member or Lay Person Assigned**
- **Church Treasurer**
- **Church Council Chair**
- **Trustees President**
- **Church Office**, if email is provided
- **District Office** for District Superintendent
- **Conference Data Services** for archiving and record updates.

REPORT YEAR	
BEGINNING OF CERTIFICATION PERIOD	Specify date. Defaults to January 1, 2026 but can be changed.
END OF CERTIFICATION PERIOD	Specify date. Defaults to December 31, 2026 but can be changed.
ABOUT THE LOCAL CHURCH	
A. DISTRICT	Choose from EAST, HAWAII, NORTH, SOUTH, or WEST.
B. LOCAL CHURCH	
C. SPRC CHAIR	
D. SPRC CHAIR EMAIL	
E. CHURCH TREASURER	
F. CHURCH TREASURER EMAIL	
G. BOARD OF TRUSTEES PRESIDENT	
H. BOARD OF TRUSTEES PRESIDENT EMAIL	
I. CHURCH COUNCIL CHAIR NAME	
J. CHURCH COUNCIL CHAIR EMAIL	
K. CHURCH OFFICE EMAIL	
ABOUT THE CLERGY MEMBER	
L. CLERGY OR LAY PERSON ASSIGNED	
M. CLERGY OR LPA EMAIL	
N. ROLE IN THE LOCAL CHURCH	Choose from PASTOR-IN-CHARGE, CO-PASTOR, SITE PASTOR, ASSOCIATE PASTOR or OTHER (Specify).
i. SALARY & INSURANCE VERIFICATION	
ENTER ACTUAL AMOUNTS. Refer to Salary & Benefits form for planned amounts only. If any arrearages are noted, include a statement explaining how the arrearage(s) occurred and when you first became aware of the arrearage(s). Use the "Remarks" fields. Otherwise, enter None in "Remarks" fields. If no amount is due for each category, enter 0. Questions marked with (*) are asked in Table 2 Supplement of the annual statistical report.	
1. DID THE CHURCH RECEIVE ANY SALARY SUBSIDY FOR THIS CLERGY MEMBER FROM A CONFERENCE ENTITY DURING THIS CERTIFICATE PERIOD?	Choose YES or NO.
*2. SALARY (AMOUNT PAID BY CHURCH)	
2. SALARY (AMOUNT DUE, IF ANY)	
2. REMARKS ON SALARY	
*3. CASH SALARY SUPPORT CONTRIBUTED BY OTHER SOURCES. Include support contributed by Equitable Compensation, Congregational Development, or general agencies.	

*4. HOUSING ALLOWANCE (AMOUNT PAID BY CHURCH). Enter 0 if pastor lives in church-owned parsonage.		
4. HOUSING ALLOWANCE (AMOUNT DUE, IF ANY)		
4. REMARKS ON HOUSING ALLOWANCE		
*5. UTILITIES (AMOUNT PAID BY CHURCH)		
5. UTILITIES (AMOUNT DUE, IF ANY)		
5. REMARKS ON UTILITIES		
*6. PARSONAGE EXPENSES. Include annual parsonage expenses like yard work		
*7. PENSIONS (AMOUNT PAID BY CHURCH)		
7. PENSIONS (AMOUNT DUE, IF ANY)		
7. REMARKS ON PENSIONS		
*8. HEALTH INSURANCE (MEDICAL, DENTAL, AND VISION) (AMOUNT PAID BY CHURCH)		
8. HEALTH INSURANCE (MEDICAL, DENTAL, AND VISION) (AMOUNT DUE, IF ANY)		
8. REMARKS ON HEALTH INSURANCE		
*9. COMPREHENSIVE PROTECTION PLAN (CPP) (AMOUNT PAID BY CHURCH)		
9. COMPREHENSIVE PROTECTION PLAN (CPP) (AMOUNT DUE, IF ANY)		
9. REMARKS ON COMPREHENSIVE PROTECTION PLAN (CPP)		
*10. REIMBURSABLE AND PROFESSIONAL EXPENSES (AMOUNT PAID BY CHURCH)		
10. REIMBURSABLE AND PROFESSIONAL EXPENSES (AMOUNT DUE, IF ANY)		
10. REMARKS ON REIMBURSABLE AND PROFESSIONAL EXPESNES		
*11. OTHER (AMOUNT PAID BY CHURCH)		
11. OTHER (AMOUNT DUE, IF ANY)		
11. REMARKS ON OTHER		
12. PRIOR YEARS' ARREARAGE, IF ANY (AMOUNT PAID BY CHURCH)		
12. PRIOR YEARS' ARREARAGE, IF ANY (AMOUNT DUE)		
12. REMARKS ON PRIOR YEARS' ARREARAGES		
13. FOR MYSELF, I CERTIFY THAT I AM ENROLLED IN A HEALTH INSURANCE PLAN AS FOLLOWS	Choose from ACTIVE CLERGY HEALTH INSURANCE PLAN SPONSORED BY THE CONFERENCE, EQUIVALENT COVERAGE AVAILABLE UNDER MY SPOUSE'S GROUP PLAN, SMALL GROUP PLAN SPONSORED BY MY CHURCH, OTHER (Specify)	
14. FOR MY DEPENDENTS, I CERTIFY THAT MY ELIGIBLE DEPENDENS ARE ENROLLED IN A HEALTH INSURANCE PLAN AS FOLLOWS	Choose from ACTIVE CLERGY HEALTH INSURANCE PLAN SPONSORED BY THE CONFERENCE, EQUIVALENT COVERAGE AVAILABLE UNDER MY SPOUSE'S GROUP PLAN, SMALL GROUP PLAN SPONSORED BY MY CHURCH, NOT APPLICABLE (NO DEPENDENTS), OTHER (Specify)	