Baptist Churches of South Australia

MINISTERS LONG SERVICE LEAVE FUND
EMPLOYMENT DETAILS FOR ASSESSMENT OF LONG SERVICE LEAVE LEVY
FOR THE PERIOD 01/07/16 - 30/06/17

CHURCH:

Column 1	*Column 2*	*Column 3*	*Column 4*	*Column 5*	*Column 6*	*Column 7*	*Column 8*	*Column 9*	*Column 10*	*Column 11*	*Column 12*
			OR			OR					
						Part Year		Leave Without Pay			
Pastor - Name *	To Participate in Fund? (Yes/No)	Date of Birth	Full Time (please tick) *Note 1*	Part Time %	Full Year (please tick)	Date From	Date To	Date Started	Date Finished	% of Recommended Stipend 2 *Note 2*	Any Other Details

***** Please include any participating members who have ceased employment during the year.

Note 1: Please indicate in "Any Other Details," any changes between Full Time (F/T) and Part Time (P/T) during the year, or changes in Part Time percentage during the year. Please provide dates for any changes.

Note 2: Your LSL levy is calculated in accordance with current BCSA Recommended Accredited Pastoral Stipend 2. If you wish your LSL levy to be calculated on a variation of BCSA recommended stipend (which will reflect in the payment of LSL to your pastor/s) please indicate the relevant percentage (*e.g. "110%" or "90%"*).

For queries or assistance, please contact Bridget Townsend on (08) 8357 1755 or btownsend@sabaptist.asn.au

**** Forms to be returned by 5 June 2017 please**

Signature: .....

Position: .....