

**MINISTERS LONG SERVICE LEAVE FUND  
EMPLOYMENT DETAILS FOR ASSESSMENT OF LONG SERVICE LEAVE LEVY  
FOR THE PERIOD 01/07/17 - 30/06/18**

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         |
|-----------------|----------------------------------|---------------|-----------------------------------|-------------|-------------------------|-------------------------|-----------|-------------------|---------------|--------------------------------------|-------------------|
| Pastor - Name * | To Participate in Fund? (Yes/No) | Date of Birth | OR                                |             | Full Year (please tick) | OR                      |           | Leave Without Pay |               | % of Recommended Stipend 2<br>Note 2 | Any Other Details |
|                 |                                  |               | Full Time (please tick)<br>Note 1 | Part Time % |                         | Full Year (please tick) | Part Year | Date Started      | Date Finished |                                      |                   |
|                 |                                  |               |                                   |             |                         | Date From               | Date To   |                   |               |                                      |                   |
|                 |                                  |               |                                   |             |                         |                         |           |                   |               |                                      |                   |
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\* 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 7 June 2018 please**

Signature: .....

Position: .....