

TERMS OF CALL/CONTRACT

Pastor's Name: _____ Ordination Date: _____

Church & City: _____

Position is: _____ Full-Time _____ Part Time-Percent: _____ %

CHECK ONE: _____ Level 1 - Less than 4 years ordained ministerial experience
 _____ Level 2 - 4 or more years ordained ministerial experience
 _____ Designated Pastor

_____ Temporary Pastoral Relationship (G-14.0550) **Begin Date** _____ **End Date** _____
Circle One: Interim Temporary Supply Stated Supply

A. EFFECTIVE SALARY

	With Manse OR	Without Manse
1. Cash Salary	\$ _____	\$ _____
2. Utilities, etc.	\$ _____	\$ _____
3. Annuities (deferred income)	\$ _____	\$ _____
4. Sub-Total	\$ _____	\$ _____
5. Manse Value (fair rental value per year)	\$ _____	\$ (not applicable)
6. Housing Allowance (if applicable)	\$ _____	\$ _____
7. Social Security Stipend (Offset)	\$ _____	\$ _____
8. Salary Reductions:		
a. Dependent Care	\$ _____	\$ _____
b. Medical	\$ _____	\$ _____
c. Other	\$ _____	\$ _____
9. TOTAL EFFECTIVE SALARY	\$ _____	\$ _____
Effective Salary Date: _____		

B. BENEFITS (Paid by Congregation)

1. Board of Pensions (Currently 31.5% of amount figured on BOP Form ENR-111)	\$ _____	\$ _____
2. Supplemental Health	\$ _____	\$ _____
3. Dependent Care	\$ _____	\$ _____
4. Other (specify) _____	\$ _____	\$ _____
5. Vacation (Four weeks including four Sundays) ___ YES <u>or</u> Other: _____		
6. Maternity/Paternity Leave: Minimum two months paid maternity leave or two weeks paid paternity. Other: _____		

C. PROFESSIONAL REIMBURSABLE EXPENSES (paid by congregation)

1. Auto		
a. Mileage Reimbursement up to _____ (Vouchered at the current IRS allowable rate of \$ _____ per mile)	\$ _____	\$ _____
b. OR Car Allowance (taxable)	\$ _____	\$ _____
2. Continuing Education		
a. Reimbursable expenses up to _____ (Minimum \$1000 /year accumulative to 3 years)	\$ _____	\$ _____
b. Amount of Time _____ (Minimum 2 weeks/year, accumulative to 3 years)		
3. Professional Expense (Accountable Plan)	\$ _____	\$ _____

The Constitution of the Presbyterian Church (U.S.A.) requires an annual review of the adequacy of pastoral compensation including conference(s) with the pastor by a responsible committee, recommendation by the Session, and approval by the congregation:

Date of conference with Pastor: _____ Date of Session action and recommendation: _____

Date of Congregational Meeting: _____

Clerk of Session (signature required) _____ Date _____

Pastor (signature required) _____ Date _____

COM Chair (signature required) _____ Date _____