

Presbytery of Great Rivers
2019 CONTRACT
TRANSITIONAL MINISTRY / TEMPORARY SUPPLY / CLP
(please complete all fields)

Pastor's Name: _____

Church & City: _____

Ordination Date: _____ Ordained by (**Denomination**) _____

POSITION IS: Full-Time **OR** Part Time: Percent _____ %
 Transitional Teaching Elder **OR** Commissioned Lay Pastor **OR** Temporary Supply

Begin Date: _____ End Date: _____ CODE: _____

AUTHORIZED ECCLESIASTICAL OCCUPATIONAL DESIGNATIONS (CODES)

Member of the PCUSA	Member of Another Denomination
<u>Temporary Pastoral Relationships</u>	<u>Temporary Membership G-2.0506</u>
105 Transitional Pastor	151 Pastor or Co-Pastor
108 Temporary Relationship	153 Associate Pastor
<u>Other</u>	155 Transitional Pastor
107 Ruling Elder Commissioned to a Church (CLP)	158 Temporary Relationship

Experience Level 1 **OR** Experience Level 2 **OR** CLP
Level 1 Less than 4 years ordained ministerial experience: minimum total effective salary **\$44,691**
Level 2 4 or more years ordained ministerial experience: minimum total effective salary **\$48,119**
CLP Minimum Total Effective Salary for a Full-time **Commissioned Lay Pastor: \$35,751**

Effective salary for a call or contract with an ordained pastor must meet current presbytery minimums.

For a part time call or contract, the dollar amount allowed for continuing education may be prorated. However, time allowed for vacation and continuing education must meet the full minimum.

A. EFFECTIVE SALARY

1. Cash Salary (12 month equivalent **prior** to any elective deductions) \$ _____
 2. PCUSA Fidelity 403B (church contribution) \$ _____
 3. Manse Value (fair rental value per year including any church paid utilities) \$ _____
 4. Housing Allowance (if applicable) \$ _____
 5. SECA - Self-Employment Contributions Act (if applicable) \$ _____
 6. BOP Optional Coverage \$ _____
 7. **TOTAL EFFECTIVE SALARY** \$ _____
- Effective Salary Date:** _____

B. BENEFITS (Paid by Congregation)

1. BOP Coverage YES **OR** NO
If YES: Full Time (35 hours or more) **OR** Part Time (20 – 34 hours) **OR** Part Time (0 – 19 hours)

For details about co-pays or coverage level go to www.pensions.org Est: \$ _____

2. **Vacation:**
 Minimum of Four weeks including four Sundays
OR additional: _____
3. **Maternity/Paternity Leave:**
 Minimum two months paid maternity leave or two weeks paid paternity.
OR additional: _____

C. PROFESSIONAL REIMBURSABLE EXPENSES (paid by congregation)

- 1. Mileage Reimbursement vouchered at the current IRS allowable rate \$ _____
- 2. **Continuing Education**
 - a. Reimbursable expenses (travel, lodging, registration fees, materials) \$ _____
(**Minimum \$1000**/year accumulative to 3 years)
 - b. Amount of Time:
Minimum 2 weeks/year including 2 Sundays, accumulative to 3 years
OR additional: _____
- 3. **Reimbursable Professional Expense** \$ _____
(receipts MUST be provided to church treasurer)

D. TERMINATION OF CONTRACT

The following language (or more generous terms) must be included with each contract.

_____ Should this agreement be terminated prior to its expiration, the pastor shall be provided full compensation and benefits for _____ (30-60-90) days from the date of notification of termination, or until the next pastoral call, whichever occurs earlier. The pastor may terminate the agreement with 30 days written notice, forfeiting any compensation beyond that date. (If left blank, the **DEFAULT** is 60 days)

_____ Alternate provisions for termination. (Specify)

E. PCUSA Transitional Training Completed: Week 1 **OR** Week 1 & 2 **OR** NONE

F. DATES OF ACTION & SIGNATURES

I (Pastor/CLP) will submit to and operate under the rules of the constitution of the Presbyterian Church (USA). I will receive the training in Presbyterian Polity offered by the Presbytery of Great Rivers (if applicable).

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, and approval by the Session:

Date of conference with **Pastor/CLP**: _____

Date of Session action and recommendation: _____

Clerk of Session (signature required): _____ Date: _____

Pastor / CLP (signature required): _____ Date: _____

COM Chair (signature required): _____ Date: _____