

Presbytery of Great Rivers
2024 CONTRACT
TRANSITIONAL MINISTRY / TEMPORARY SUPPLY / CP
(please complete ALL fields)

Pastor's Name: _____

Church & City: _____

Pastor's Email: _____ Phone Number: _____

Ordination Date: _____ PCUSA _____ Other Denomination _____

Clerk's Name: _____

Email: _____ Phone Number: _____

Transitional Training Completed: _____ Week 1 _____ Week 1 & 2 _____ NONE

POSITION IS:

_____ Full-Time **OR** _____ Part Time: Percent _____ %

_____ Transitional Teaching Elder **OR** _____ Commissioned Pastor **OR** _____ Temporary Supply

_____ Level 1- Less than 4 years ordained ministerial experience: minimum total eff. salary \$49,329

_____ Level 2 - 4 or more years ordained ministerial experience: minimum total eff. salary \$53,112

_____ CP Minimum Total Effective Salary for a Full-time Commissioned Pastor: \$39,461

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 | \$ _____ |
- Begin Date: _____ End Date: _____ (12 months or less only)

B. BENEFITS (Paid by Congregation)

1. **BOP Coverage** _____ YES **OR** _____ NO

If YES:

_____ Full Time (35 hrs or more) **OR** _____ Part Time (20 – 34 hrs) **OR** _____ Part Time (0 – 19 hrs)

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:** (must be completed)
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 \$_____ (top amount you're willing to pay)

2. **Continuing Education** (must be completed) \$_____
 - a. Reimbursable expenses (travel, lodging, registration fees, materials) **(Minimum \$1000/year accumulative to 3 years)**

 - b. Amount of Time: (must be completed) **(Minimum 2 weeks/year including 2 Sundays, accumulative to 3 years)**
OR additional: _____

3. **Reimbursable Professional Expense** \$_____ (Receipts **MUST** be provided to church treasurer) (top amount you're willing to pay)

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. 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/CP: _____

Date of Session action and recommendation: _____

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

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

COM Chair (signature required): _____ Date: _____

This form is for the Presbytery of Great Rivers purposes ONLY. For Board of Pensions (BOP) rules, please use publication "Understanding Effective Salary" www.pensions.org/AvailableResources/BookletsandPublications/Documents/pln-103.pdf

***Please **email this completed form** to COM at greatriverscom@gmail.com ***