



**Presbytery of Giddings-Lovejoy
2020 Pastoral Terms of Call**

Church _____ PIN _____
Address _____ City, State & ZIP _____

_____ Name of Teaching Elder or Commissioned Pastor

Position (check one): Pastor Associate Pastor Designated Pastor
 Interim Pastor Interim Associate Pastor Parish Associate
 Commissioned Pastor Gap Pastor Other (Please specify: _____)
 Full-time Part-time (Hours per week: _____)

FOR NEW SERVICE IN INSTALLED POSITIONS: The beginning date was ____/____/____.

FOR ALL TEMPORARY POSITIONS: The term of the contract is from ____/____/____ to ____/____/____.

If your congregation does not have one of the above positions, please complete this box.

Regular Pulpit supply: yes no Name _____ (if same person weekly)

Name of Moderator: _____ (if different from regular pulpit supply)

Our session and congregation will annually review the adequacy of the following compensation and will follow the compensation guidelines established by the Presbytery.

Minimum Terms of Call for 2020:

Effective Salary (full-time): \$42,560.00 (70% of Churchwide Median of \$60,800.)

Board of Pensions Calculators can be found here:

<http://www.pensions.org/AvailableResources/Calculators>

FOR INSTALLED POSITIONS (G-2.0504a):

The following terms of call were approved by the congregation at a meeting on _____

FOR TEMPORARY/CONTRACTED POSITIONS (G-2.0504b):

The following compensation was approved by the Session at a meeting on _____

Clerk of Session: _____ (signature)

Clerk of Session Name (please print): _____

I agree to these terms of call:

Signed: _____, Pastor/Commissioned Pastor

Annual Compensation

Effective Salary

	Annual Cash Salary	\$
	Deferred Income (403(b), annuity, equity)	\$
	Bonuses, Unvouchered Allowances, Gifts	\$
	Social Security (over 50% of SECA taxes)	\$
	Housing Allowance & Utilities (does not apply if utilities are paid directly by the church and if they are listed in church's name)	\$
	Manse Value (value must be at least 30% of items 1-5 above.)	\$
	Moving Expenses (if applicable)	\$
	Other (copayments, medical, dental expenses) - Identify	
	Contributions to Tax-Deferred Plans (<u>not</u> church matching contributions)	
Total Effective Salary		
	Other Deferred Income (Employer matching contributions to PCUSA 403b(9))	
Total Compensation		\$

Other Benefits and Reimbursable Allowances (* = required benefits)

	Board of Pension Dues (For 2020 = 37% of total OR minimum participation dues if less than \$44,000)	\$
	Family Health Coverage or Medical Reimbursement (1.5% of total)	\$
	Post Retirement Service Dues (if retired and working 20+ hours – 12% of total)	\$
	Optional Board of Pensions Benefits (Dental and/or Life Insurance)	\$
	* Travel/Auto Reimbursement (suggested: IRS rate)	\$
	* Continuing Education (suggested: \$750/full time; \$500/part time)	\$
	Social Security (50% or less of SECA tax)	\$
	Books/Other Professional Expenses	\$
	Other Vouchered/Reimbursable Expenses	
Total Allowances		\$

Total Compensation, Allowances, and Expenses

		\$
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Paid Leave

	* Continuing Education Leave (2 weeks minimum)	
	* Vacation (4 weeks minimum)	