

Terms of Call and Benefits Package Report Form

THESE FORMS CAN BE DOWNLOADED FROM THE PRESBYTERY WEB SITE UNDER E-DOCUMENTS

Name of Congregation(s) _____

Name of Pastor _____ Date Pastor Installed _____

Active Membership of Church(es) _____ as of: _____

Average Worship Attendance(s) for current year _____

TO: Clerk of Session and Pastor:

Your signatures below show that the Terms of Call have been discussed between the Church and the Pastor, with the congregation voting its approval at an annual meeting of the congregation (Book of Order G-1.0501 & G-2.0804), The Terms of Call are subject to annual Presbytery review and approval.

Please complete and sign this form and return it to the Commission on Ministry, The Presbytery of Northumberland, P. O. Box 334 Montoursville PA 17754 A copy of the report will be kept on file by the Stated Clerk of Presbytery.

Attest:

[Signature of Clerk of Session] [Date]

[Signature of Pastor] [Date]

How often does your Session ordinarily meet?

- monthly [when: _____ time: _____]
- quarterly [when: _____ time: _____]
- as needed

Please communicate any questions or concerns that you may have about the Terms of Call established between you and your congregation.

For Committee on Ministry Use Only:	
Date Received:	_____
Date Considered:	_____
Date Presented to Presbytery:	_____
Action:	_____ approved _____ disapproved _____ deferred _____ other: _____

Name of pastor: _____

Name of church: _____

Date of report: _____

Category of Compensation		Actual
1. Cash Salary		
2A. Fair Rental Value of the Manse (for calculating Effective Salary) Not for IRS	(30% effective salary)	
2B Housing Allowance (No Manse)	Actual	
3. Self Employment Reimbursement Benefit if over 50%	Not recommended	
4. Medical Costs Benefits (toward deductible and copayment if Un-vouchered. Report from previous year's reimbursement. Flexible Spending Plan)	Not recommended	
5. Manse Utilities (basic phone, heat, water, sewage, garbage, electric) do not report if the church pays these cost directly to provider.	actual	
6. Deferred Compensation?	Actual	
7. Equity Allowances?	Actual	
8. Accrued Vacation Cash Payments?	Actual	
9. Other allowances (those not reimbursed through an accountable reimbursement plan, as opposed to Category Items #14,15,16) a. tuition allowance b. book allowance c. transportation allowance		
10. Effective Salary equals the total of Categories 1 through 9		
11. Pension and Major Medical (BOP) = Board of Pensions See web site	Current BOP rate of the Effective Salary, Category #10.	
Other Minimum Compensation Requirements		
12. Vacation	One Month, in consultation with Session (including four Sundays)	YES
13. Self-Employment Reimbursement Benefit 50% or less	Recommended: (.765)% of the effective Salary	
14. Study Leave Time	Two weeks per year, cumulative upon to six weeks (required)	YES
15. Study Leave Expenses	\$700 per year, cumulative up to \$2,100 reimbursed vouchered expenses (required)	YES

16. Travel Expenses	IRS rate per vouchered mile (recommended)	
17. Other Financial Benefits (vouchered) a. book allowance b. professional dues c. sabbatical leave d. contribution to retirement fund e. escrowed expense account f. other	Optional	
18. Medical Costs Benefits (toward deductible and copayments & other medical costs not covered in medical plan) Vouchered payments only	Recommended	
19. Governing Body Service	One week for Presbytery, Synod, and General Assembly service	YES
20. Report Hours per Week	35+ equal Full time for Board of Pension	

Yes No our church has a pastoral sick leave policy

In this past year have you had to use your sick leave and do you have an health issues you want the COM to be aware of:

Yes No, our church has a sabbatical leave policy

If you are going to request your session for a sabbatical leave please share your plans with the COM below:

Yes No Annual performance evaluation conducted

Are there any concerns or joys you want to share with the COM?

Yes No I have participated in the following continuing education classes

- | | |
|----|-----------|
| 1. | CEU _____ |
| 2. | CEU _____ |
| 3. | CEU _____ |
| 4. | CEU _____ |
| 5. | CEU _____ |

*CEU: Continuing Education Units: 1 unit for every ten hours