

**EASTMINSTER PRESBYTERY 2018
Annual / Initial Terms of Call**

Name of Minister: _____

Church or Employing Organization _____

Type of Position (select one): () Full Time () Part Time

If less than full-time, specify the number of hours for which services are provided: _____

Type of Terms of Call (select one): () INITIAL terms of Call () ANNUAL Terms of Call

Compensation adequacy was reviewed with the minister by _____ (e.g., Session) on _____ (date)

For Installed: The congregation of _____ approved the terms of call on _____ (date)
with A starting date of _____.

Non-Installed: The Session of _____ approved the terms of call on _____ (date)
with A starting date of _____ and an ending date of _____ (not to exceed 12 months).

The details of this call are found on the reverse of this form.

Signatures:

Pastor

Date

Clerk of Session

Date

Moderator (if Initial Terms of Call)

Date

Please send a copy of this completed form to the Eastminster Presbytery:

Mail to: COM Leadership
P.O Box 14439
Poland, OH 44514

Fax to: 330-757-1970, Attn: COM

Email to: www.eastminsterpresbytery.org

Compensation INCLUDED in Effective Salary

If you have any questions, please log on to [Benefit Connects](#) on the Board of Pensions Webpage or contact Member Services at 800-773-7752.

	2017	2018
1. Annual Cash Salary (including employee contributions to 403 (b)	\$ _____	\$ _____
2. Housing Allowance, include allowance for utilities or furnishings	\$ _____	\$ _____
3. Employing organization contributions to 403 (b)(9) plans, tax-sheltered annuity plans, equity allowance	\$ _____	\$ _____
4. Bonuses, Gifts from Employer	\$ _____	\$ _____
5. Manse Amount (must be at least 30% of lines 1-4	\$ _____	\$ _____
6. Total Effective Salary (Sum of lines 1-5)	\$ _____	\$ _____

NOTE: Minimum compensation for full-time service is \$41,000 pro-rated for part-time. Reimbursements are also pro-rated for part-time.

Benefits NOT INCLUDED in Effective Salary

7. Board of Pensions Benefits Dues: Medical	\$ _____	\$ _____
(Benefit Connects – Employer Agreement)		
8. Board of Pensions Benefits Dues: Death & Disability	\$ _____	\$ _____
(Benefit Connects – Employer Agreement)		
9. 50% SECA (Social Security) Offset Allowance	\$ _____	\$ _____
10. Travel/Mileage Stipend (subject to IRS reporting)	\$ _____	\$ _____
11. Other Optional Benefits not included in Effective Salary	\$ _____	\$ _____

Please specify: _____

Professional Expenses NOT INCLUDED in Effective Salary

12. Continuing Education Reimbursable Expense (minimum \$800)	\$ _____	\$ _____
NOTE: With Session's approval & accumulating up to three (3) years		
13. Professional Reimbursable Expenses (minimum \$500)	\$ _____	\$ _____
NOTE: Books, conference fees, meals, etc.		
14. Travel/Mileage Reimbursable Expenses (Mileage at current IRS rate)	\$ _____	\$ _____
NOTE: Vouchered rate, not a monthly stipend		
15. Other Reimbursable Expenses (optional)	\$ _____	\$ _____

Please specify: _____

Non-Financial Benefits and Special Provision

- 16. Vacation (minimum 4 calendar weeks)
- 17. Study Leave (minimum 2 calendar weeks)
- 18. Special Provisions (Please attach a copy if new, changed or continuing):
 Family Leave Policy Sabbatical Leave
- 19. Miscellaneous (Please attach a copy if new, changed or continuing): _____
- 20. Please provide explanation of any figure below Presbytery recommended minimums. _____