

PRESBYTERIAN CHURCH (U.S.A.) – PRESBYTERY OF CARLISLE

Pastoral Call Form

The Congregation of (Name of Church) _____ of (City and State) _____ (Pin #) _____ being well satisfied with your qualification for ministry and confident that we have been led to each other by the Holy Spirit as one whose service will be profitable to the spiritual interests of our church and fruitful for the Kingdom of our Lord, earnestly and solemnly calls you:

(Name) _____ to undertake the office of _____ of this congregation, beginning date _____ promising you in the discharge of your duty all proper support, encouragement and allegiance in the Lord.

So that you may be free to devote yourself full-time ___ part-time___ to your Ministry among us as a Teaching Elder we promise and obligate ourselves to pay you yearly, in regular monthly payments, all items noted in lines 1-4 below. Further, we promise to provide you, on a yearly basis, additional items as enumerated in lines 5-12 below. We further promise and obligate ourselves to review with you annually the adequacy of this compensation.

Effective Salary

- 1. Annual Cash Salary (including employee's contributions to 403 (b) plans, tax sheltered annuity plans) \$ _____
- 2. Housing, utility and furnishings allowances \$ _____
- 3. Employing organization contributions to 403(b) plans, tax-sheltered annuity plans.* \$ _____

**3a. if any part or all of the Employing Organization contribution shown on Line 3 is a "match" of an elective contribution by a Pastor, the matching amount must be shown on Line 3a: \$ _____*

- 4. Bonuses, overtime pay, unvouchered professional expenses, gifts from employing organizations \$ _____
- 5. Other allowances (for example medical deductible, SECA in excess of 7.65% of Effective Salary) \$ _____
- 6. Manse Value- (*where applicable*) **Do not Include Utilities paid by the church** \$ _____

(Must be at least 30% of Lines 1-5 (do not include line 3a) for members residing in employer provided housing)

7. TOTAL EFFECTIVE SALARY (Lines 1-6 DO NOT INCLUDE LINE 3a) \$ _____

7a. Board of Pensions Effective Salary- (*Line 7- minus line 3a- Employer Contributions*) \$ _____

8. Board of Pensions Benefit Plan- 39% Effective Salary (line 7a) \$ _____

8a). Group Plan Coverage Premiums (i.e. - Dental Insurance) \$ _____

Reimbursable Amounts and Allowances

- 9. Travel Reimbursement (vouchered reimbursable at current IRS rate) \$ _____
- 10. Continuing Education Allowance (vouchered) \$ _____
- 11. Books /Other Professional Expenses (vouchered reimbursable) \$ _____
- 12. SECA (Social Security Offset) - typically 7.65% of Effective Salary (Line 7a) \$ _____

TOTAL TERMS OF CALL (lines 7-12- DO NOT INCLUDE LINE 7A) \$ _____

Moving Expense (One-time Payment) \$ _____

Other

Vacation _____ Continuing Education Leave _____ Spiritual Renewal _____

Family Medical Leave: a minimum of 12 weeks paid Family Medical Leave per G-2.0804.

In testimony whereof we have subscribed our names this date _____ Signatures of Pastor Nominating Committee:

Having moderated the congregational meeting which extended a call to _____ for ministerial services, I do certify that the call has been made in all respects according to the rules laid down in the Form of Government, and that the persons who signed the foregoing call were authorized to do so by vote of the _____ Presbyterian Church (U.S.A.)

Name of Moderator _____ Signature _____

CERTIFICATION OF THE CALL

A. BY THE CHURCH'S PRESBYTERY

1. ACTION OF THE COMMISSION ON MINISTRY

This call has been reviewed by the Commission on Ministry. The Commission recommends that Presbytery approve (not approve) this call.

Date of Action _____ Chairperson _____

2. ACTION BY THE PRESBYTERY

This call was approved by the Presbytery of CARLISLE

Date of Action _____ Stated Clerk _____

B. ACCEPTANCE OF THE CALL

This is to certify that I have received and accepted the call.

Date of Acceptance _____ Signature of Minister/Candidate _____