



The Presbytery of Carlisle

2601 N. Front Street, Ste. 209, Harrisburg, PA 17110

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PASTORAL CALL FORM

The congregation of _____ in _____ affirming your qualification for ministry and trusting we have been led to each other by the Holy Spirit as one whose service will contribute to the spiritual well-being of our church and fruitful for the Kingdom of our Lord, earnestly and solemnly calls you _____ to undertake the office of _____ in this congregation beginning _____ promising you all proper support, encouragement and allegiance as we co-labor in Christ. 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 \$ _____
2. Housing, utility and furnishings allowances \$ _____
3. Employing organization contributions to 403(b) plans, tax-sheltered annuity plans.* \$ _____

***3a. Employer Matching Contributions:** 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 allowance, 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 Matching Contributions**) \$ _____

8. **Board of Pensions Dues** – use this [link](#) or the below information to calculate \$ _____

Pastors in Congregational Pastors Package for 2025 – 10% effective salary PLUS

- Pastor only = 16% of effective salary in line 7a (\$6,000/\$17,000 min/max)
- Pastor and Spouse = 16% of effective salary in line 7a plus \$11,000 (\$17,000/\$28,000 min/max)
- Pastor and Children = 16% of effective salary in line 7a plus \$8,950 (\$14,950/\$25,950 min/max)
- Pastor and Family = 16% of effective salary in line 7a plus \$20,600 (\$26,600/\$37,600 min/max)

8a. Group Plan Coverage Premiums (e.g., Dental Insurance; this is optional) \$ _____

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 7a-12) \$ _____

Moving Expense (One-Time Payment)

\$ _____

OTHER

Vacation _____ (Time Period of at least 30 days, including 4 Sundays. Part-time also receive 30 Days)

Continuing Education Leave _____ (Time Period of at least 14 days, including 2 Sundays)

Spiritual Renewal _____ (At least one day off per quarter, not including a Sunday)

Family Medical Leave - a minimum of 12 weeks paid family medical leave per G-2.0804

In testimony whereof we have subscribed our names on 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 and approved by the Commission on Ministry.

Date of Action _____ Chairperson _____

2. ACTION BY THE PRESBYTERY (IF CARLISLE EXAMINED CANDIDATE FOR ORDINATION)

This call was approved by the Presbytery of Carlisle.

Date of Action _____ Stated Clerk _____

B. ACCEPTANCE OF THE CALL BY THE MINISTER

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

Date _____ Signature of Minister/Candidate _____