



Commission on Ministry Pastoral Call Form

C-408.7

Church: _____

Position: _____

_____ Indefinite Period OR _____ Designated term for a period of _____ years

Effective starting date of _____

_____ Full Time OR _____ Part time at _____ percent or _____ hours per week

We feel called by the Holy Spirit to extend a call and promise you support and encouragement in your pastorate. We also promise and oblige ourselves to provide the following annual compensation as Minister of Word and Sacrament.

I. Total Effective Salary

A. Cash Salary \$

(Include employee designated contributions to 403(B) plans, tax-sheltered annuity plans, and bonuses. Identify and list amounts. 2025 minimum terms are \$43,405 plus manse and utilities OR \$56,740 combined salary and housing allowance.)

B. Housing/ Utilities/ Furnishing Allowance \$

(Must be declared in advance.)

C. Employing organization contributions to 403(b)(9) plans, tax-sheltered annuity plans, and equity allowances. \$

D. Other allowances

(Include co-payment for medical expenses and reimbursement of SECA in excess of 50%. Do not include expenses reimbursed through vouchers. Identify and list amounts.)

Dental: \$

Medical: \$

SECA over 50% \$

E. Manse - Fair Rental Value (if applicable) \$

(Must be at least 30% of lines A – D for members residing in employer-provided housing)

F. **TOTAL ANNUAL EFFECTIVE SALARY (ES)** \$

(Equals the sum of lines A -E. Board of Pension dues are computed, and benefits determined on this amount.)

G. Benefit Plan Dues FULL \$

(Multiply ES by 26% to cover defined pension (8.5%, death and disability (1%), medical insurance (16%), and temporary disability plan (0.5%). If applicable, add dependent medical coverage dues (\$8,950 - Child(ren); \$11,000 - Spouse; \$20,600 - Family).



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II. Vouchered Reimbursable Expenses and Allowances

- A. Travel – IRS rate prevailing at the time expense is incurred \$ _____
- B. Professional development \$ _____
(Minimum - \$800. Cumulative up to 3 years.)
- C. SECA Offset (50% or less.) \$ _____
(SECA offset greater than 50% MUST be included in calculating Effective Salary.)
- D. Books and other professional expenses. \$ _____
(Minimum -- \$100.)
- E. Other vouchered/ reimbursable expenses and allowances _____
(Identify and list the amounts.)
- \$ _____
- \$ _____
- \$ _____
- F. Moving costs and expenses – Full \$ _____

III. Non-monetary terms of call (Please explain if different than those listed below.)

- A. Thirty (30) days of paid vacation, to include four (4) Sundays _____
- B. Fourteen (14) days of professional development time, to include two (2) Sundays and is cumulative for three (3) years. _____
- C. Follow PLM Policy of Family and Medical Leave (B-08) _____
- D. Follow PLM guidelines on Sabbatical Leave (C-608) _____

Notes:

We further promise and oblige ourselves to review the adequacy of this compensation annually.

Attested (Two signatures required – typically the PNC Moderator and Clerk of Session)

Signature: _____

Name/ Title: _____

Date: _____

Signature: _____

Name/ Title: _____

Date: _____

As moderator of the congregational meeting where this call was extended, I certify the call has been made according to the Book of Order.

Signature: _____

Name/ Title: _____

Date: _____



Certification of Call

BY CANDIDATE:

This certifies that I have received and accepted the call.

Signature:

Name/ Title:

Date:

BY THE PRESBYTERY OF LAKE MICHIGAN (through the Commission on Ministry)

As Moderator of the Presbytery of Lake Michigan Commission on Ministry or their designated representative, I certify the call has been reviewed and approved by COM and will be presented at the next Presbytery Stated Meeting.

Signature:

Name/ COM Moderator

Date:

As Stated Clerk of the Presbytery of Lake Michigan or their designated representative, I certify the contract has been reviewed and approved by COM as authorized by the Presbytery.

Signature:

Name/ PLM Stated Clerk

Date: