

## Presbytery of the Cascades 2019 Terms of Call Report for Pastors

Additional copies available at: https://cascadespresbytery.org/commissions-on-ministry/

## **CLERK OF SESSION:**

Please complete this report for <u>each</u> ordained teaching elder on your church staff, and then give it to the minister to complete and return to your regional presbytery office by March 1, 2019.

The	Rev.	is called to serve	Presbyterian Church			
in th	e city of	as				
The	call is for	full time or % FTE (serving approximately	hours per week) with the following			
term	ns (please refe	er to the 2019 Minimum Terms of Call report with this form for e	xplanations).			
	CTIVE SALAR					
1.	\$	Cash Salary				
		(includes employee contributions to 403(b)(9) plans; tax-sheltered annuity plans; unvouchered				
2.	\$	book, car, and study allowances; vacation pay and ove				
	٠ د	Housing allowance, utilities, and furnishings allowance	25			
3.	۶	Employing Organization Contributions (Includes 403(b)(9) plans, tax-sheltered annuity plans and equity allowances. Matching				
		contributions to the Board's Retirement Savings Plan s				
4.	\$	_	nould not be included.)			
•••	Ÿ	Bonus  (will be included in the year in which the bonus is paid; if continuing, you will need to report				
		annually). Year in which bonus is paid:	ij continuing, you will need to report			
5.	\$	• • • • • • • • • • • • • • • • • • • •	 ster's SECA tay obligation)			
6.	\$		<ul> <li>SECA (for reimbursement in excess of 50% of the minister's SECA tax obligation)</li> <li>Other Allowances (includes co-payment and medical expense reimbursement allowances)</li> </ul>			
7.	\$	Manse Amount (must be at least 30% of lines 1-6 for members residing in a manse)				
8.	\$	S Total Effective Salary (sum of 1-7) as the basis for Board of Pensions calculation				
0.	·					
OPTIC	NABLE SALA	RY:				
9.	\$	Group Plan for medical deductible, co-insurance, den	roup Plan for medical deductible, co-insurance, dental premium (other than Board of Pensions)			
10.	\$	SECA Tax Allowance (only up to 50% of estimated obli	CA Tax Allowance (only up to 50% of estimated obligation)			
11.	\$	Employer Matching Contributions to 403(b)(9)				
12.	\$		Total Compensation (sum of 8-11) must equal at least (2018 line 12 amount) x <b>1.032</b> .			
		<del></del>				
vouc		OFESSIONAL EXPENSES:				
13.		mum Accountable Reimbursement (These are not pensionable b				
		of professional expenses not vouchered at the end of the year				
	\$	a. Auto, business & professional expenses (minimum				
	\$	b. Continuing education reimbursements (minimum	-			
		(Funds are to be held in trust, accumulated for up to t	·			
	\$	Total voucherable expenses (must equal \$5,000 or mo	ore for full time minister)			
C	AADV OF DEC	NUMBER AND INVESTIGATION OF CALL FOR FULL TIME RACTORS.				
		QUIRED MINIMUM TERMS OF CALL FOR FULL TIME PASTORS:	0.700 - 2.20/ 001.4)			
13.	\$	2019 minimum compensation package set by Presbytery (201	8 TOC + 3.2% COLA)			
14.	\$ 5,000	2019 minimum vouchered professional expenses set by Presb	ytery			
<b>15.</b>	Vacation	4 weeks/year minimum				
16.	Con't Ed	2 weeks/year minimum (accruable up to three years)				
<b>17.</b>	Benefits	Based on Total Effective Salary (Line #8 above). 36.5% [12% per				
		medical if enrolled in the Board of Pensions' Pastors Participati	• -			
		the Board of Pensions' Menu-Based program. See <a href="www.pension">www.pension</a> in installed positions are required to be enrolled in Pastors Par				
18.	Sabbatical	Calls shall include a 3 month sabbatical at full pay after each 7 y	•			
		Tama and morado a distribution of the fair pay after cacil 7				

remis of ean wer	e approved at a	Congregational Meetin	g held on (date): _	
Signed – Clerk o	f Session			Date
		of session's report on tery office at the appro		complete this section of this form and w.
My terms of call v	vere reviewed v	vith me by the personne	el committee or sess	sion:
Yes	No	I have	I have not	accepted the terms reported above.
I have		_ full years of pastoral	experience since or	dination.
Do you wish a co	onsultation with	your COM representat	ive? Yes	No
_				
Signed – Ministe	er			Date
Personnel Commi	ittee Chair or ap	propriate ruling elder's	name and address:	
Name:				
Address:				

Presbytery of the Cascades 0245 SW Bancroft Street, Suite D Portland OR 97239-4272

Effective in 2017 from the Board of Pensions:
Effective Salary changes will need to be made through your Benefits Connect account.
Contact the Board should you have questions about this.