



CONTRACT FOR INSTALLED PASTORAL RELATIONSHIP

Church: _____

Address: _____ (City, State & Zip)

Name of Pastor: _____

Is being called to the position of: (check one):

- Pastor
- Associate Pastor
- Designated Pastor.....Length of term: 2 years 3 years 4 years
- Designated Associate Pastor.....Length of term: 2 years 3 years 4 years
- Other (Please specify: (_____))
- Full-time Part-time (Hours per week: _____)

FOR NEW SERVICE IN INSTALLED POSITIONS: The beginning date is: ____/____/____.

FOR ALL CONTRACTED POSITIONS: The term of the contract is from ____/____/____ to ____/____/____.

We will pay regularly to the Board of Pensions a sum equal to the required percent of your salary for participation in the PCUSA Pension and Medical Plan during the time of your being and continuing in the pastoral relationship set forth in this call to this church, and to other provisions established by the General Assembly for participating in the Plan.

Minimum Terms of Call for 2021:

Effective Salary (full-time): \$42,840.00 (70% of Churchwide Median of \$61,200)

Board of Pensions Calculators can be found here:
<http://www.pensions.org/AvailableResources/Calculators>

FOR INSTALLED POSITIONS (G-2.0504a):

The following compensation was approved by the Session at a meeting on _____

The following terms of call were approved by the congregation at a meeting on _____

We promise and obligate ourselves to review with you annually the adequacy of this compensation.

Clerk of Session: _____ Date: _____

I agree to the following terms of call:

Pastor: _____ Date: _____

The Presbytery of Giddings Lovejoy approved this contract and its conditions:

COM Moderator: _____ Date: _____

Stated Clerk: _____ Date: _____

Annual Compensation

Effective Salary

1.	Annual Cash Salary	\$
2.	Deferred Income (403(b), annuity, equity)	\$
3.	Bonuses, Unvouchered Allowances, Gifts	\$
4.	Social Security (over 50% of SECA taxes)	\$
5.	Housing Allowance & Utilities (does not apply if utilities are paid directly by the church and if they are listed in church's name)	\$
6.	Manse Value (value must be at least 30% of items 1-5 above.)	\$
7.	Other (copayments, medical, dental expenses) - Identify	\$
8.	Contributions to Taxed-Deferred Plans (<u>not</u> church matching contributions)	\$
Total Effective Salary		\$
9.	Moving Expenses (if applicable)	\$
10.	Other Deferred Income (Employer <u>matching</u> contributions to PCUSA 403(b)(9))	\$
Total Compensation		\$

Other Benefits and Reimbursable Allowances (* = required benefits)

1.	* Board of Pension Dues (For 2020 = 37% of total OR minimum participation dues if less than \$44,000)	\$
2.	Post Retirement Service Dues (if retired and working 20+ hours – 12% of total)	\$
3.	Optional Board of Pensions Benefits (Dental and/or Life Insurance)	\$
4.	* Travel/Auto Reimbursement (suggested: IRS rate)	\$
5.	* Continuing Education (\$1,000/full time; \$500/part time)	\$
6.	Social Security (50% or less of SECA tax)	\$
7.	Books/Other Professional Expenses	\$
8.	Other Vouchered/Reimbursable Expenses - Identify	\$
Total Allowances		\$
Total Compensation, Allowances, and Expenses		\$

Paid Leave

1.	* Continuing Education Leave (2 weeks minimum)	
2.	* Vacation (4 weeks minimum; including 4 Sundays)	

*Complete and sign four original copies. When all parties have signed, an original copy goes to
1) the minister, 2) the calling church, 3) the presbytery of call and 4) the minister's presbytery of membership/care.*

Submit to: Stated Clerk, Presbytery of Giddings Lovejoy, 1001 Craig Road, Ste. 170, St. Louis MO 63146