**REPORT OF 2017 TERMS OF CALL JOHN CALVIN PRESBYTERY**

Please return this form to Melana Scruggs **no later than February 10, 2017**

If the congregation has not yet acted on the terms, send the completed form anyway.

Corrections can be made later.

**MINISTER: CHURCH:**

**CHURCH LOCATION:**

**CHURCH EMPLOYER IDENTIFICATION NUMBER ( EIN ):**

Check all that apply:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | FULL TIME |  | PART-TIME ( % of full time ) |  | STATED SUPPLY |
|  | PASTOR |  | DESIGNATED PASTOR |  | ASSOCIATE PASTOR |
|  | INTERIM PASTOR |  | INTERIM ASSOCIATE PASTOR |  | COMMISSIONED RULING ELDER |
|  | PARISH ASSOCIATE |  | OTHER |  |  |

**COMPENSATION** *(Subject to Board of Pension Dues)*

|  |  |  |
| --- | --- | --- |
| 1 | $ | Annual Cash Salary |
| 2 | $ | Housing allowance |
| 3 | $ | Deferred Income |
| 4 | $ | Bonuses, lump sum allowances, gifts, etc. |
| 5 | $ | Other: |
| 6 | $ | Fair Rental value of manse ( or at least 30% of lines 1 – 5 ) |
| 7 | $ | Total Effective Salary ( Lines 1-6)… [Presbytery Minimum $ 41,000.00 ] |
| 8 | $ | Board of Pensions Dues ( 36.5% of line 7 ) |

**ACCOUNTABLE REIMBURSEMENT PLAN** *(* *Voucher expenses )*

|  |  |  |
| --- | --- | --- |
| 9 | $ | Continuing Education Allowance [ Minimum: $ 1,000.00 ] |
| 10 | $ | Automobile: Check One: IRS rate\*\* Car with full expenses |
| 11 | $ | Professional Expenses\* |
| 12 | $ | Social Security Tax supplemental income |
| 13 | $ | Medical deductible, coinsurance payments, dental |
| 14 | $ | Other: |
| 15 | $ | Total Cost to church budget ( Lines 7 – 14 ) |
| 16 |  | Continuing Education leave [ Minimum two weeks ] |
| 17 |  | Vacation leave [ Minimum four weeks ] |
| 18 |  | Sabbatical Leave Allowance [ See sabbatical leave policy ] |

Rental value of manse is the larger of fair rental value or 30% of the total of all other amounts in SALARY items 1-6.

\*Professional expense reimbursements paid through an Accountable Expense Reimbursement Plan are listed under Professional Expenses. Reimbursements paid through a non-accountable plan are to be listed as Salary.

**\*\***IRS maximum allowable mileage reimbursement for 2016 is $0.54 per mile.

 The rate for 2017 will be announced in December 2016.

**The session has reviewed the adequacy of compensation with minister? Yes\_\_\_ No\_\_\_**

**The session has conducted an annual performance review of the minister? Yes\_\_\_ No\_\_\_**

Date of congregational approval \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Minister Clerk of Session