**REPORT OF 2021 TERMS OF CALL JOHN CALVIN PRESBYTERY**

**MINISTER: CHURCH:**

**CHURCH LOCATION:**

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

Check all that apply:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | FULL TIME |  | PART-TIME  |  | ¾ TIME |
|  | PASTOR |  | ¼ TIME |  | STATED SUPPLY |
|  | CO-PASTOR |  | 1/3 TIME |  | COMMISSIONED RULING ELDER |
|  | INTERIM PASTOR |  | ½ TIME |  | 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 $ 43,750.00 if full-time ] |
| 8 | $ | Board of Pensions Dues ( 37% of line 7 ) |

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

|  |  |  |
| --- | --- | --- |
| 9 | $ | Continuing Education Allowance [ Minimum: $ 1,500.00 ] |
| 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 2021 is $0.56 per mile.

**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

Please return this form to:

**Gail Wilson, P.O. Box 1083, Aurora, MO 65605 or by email** **gwilson@jcpresbytery.com**

**Questions?** Contact Stated Clerk **Beth Kick** **(417-425-7604;** **bkick@jcpresbytery.com****)**

**or** Recording Clerk **Gail Wilson (417-838-4402;** **gwilson@jcpresbytery.com****).**