New Pastoral Call Form

The _____ Presbyterian Church of _____
[City, State], being well satisfied with your qualifications for ministry and confident that we have been led to you by the Holy Spirit as one whose service will be profitable to the spiritual interests of our church and fruitful for the Kingdom of our Lord, earnestly and solemnly calls you, _____ , to undertake the office of (Pastor, Associate Pastor) of this congregation, beginning _____ , 20____ promising you in the discharge of your duty all proper support, encouragement and allegiance in the Lord. That you may be free to devote ____ full time/ ____ -time to the ministry of the Word and Sacrament among us, we promise and obligate ourselves to provide you the following annually, in addition to full medical, pension, disability and death benefit coverage under the Board of Pensions Position Factor is _____.

The minimum full-time salary for this factor is $ _____

The Base (Midpoint) salary for this factor is $ _____

The Maximum salary for this factor is $ _____

Annual Salary Information

1. Annual cash salary _____
2. Housing, utility, and furnishing allowances _____
3. Church (if not matching) contributions to 403(b) annuity plans and equity allowance _____
4. Bonuses, overtime pay, gifts from employer _____
5. SECA (reimbursements in excess of 50% of SECA obligation on line 11) _____
6. Manse amount (must be at least 30% of lines 1-5 for those residing in a manse _____
7. Total effective salary* (lines 1-6) Board of Pension Dues are computed on this. _____

* *See Understanding Effective Salary booklet for more information*

In addition, the church has agreed to pay the following, not included in effective salary:

8. Congregational Pastors Package: Board of Pensions Medical and Pension Dues for pastor (29.75% of line 7. Minimum $7,500 maximum $21,200) _____

Optional:

8a. Family coverage (spouse and children) $22,200, or _____

8b. Spouse only medical coverage $12,250, or _____

8c. Children only medical coverage $9,950 _____

8d. Other church paid insurance (dental, vision, life) _____

- OR -

9. **Transitional coverage:** Pension plus medical coverage for pastor, spouse & children (ends 2029)(42.5% of line 8: 10% of ES for pension dues and 32.5% for full family medical coverage. Minimum $21,600 maximum $57,700) _____

10. 7.65% SECA (required) (subtract line 3 from line 7 and then multiply by .0765) _____
11. Professional Development, Study Leave, Books, etc. (must be vouchered; at least $1,000) _____
12. Professional Expenses (Eg, Vestments, business meals; must be vouchered) _____
13. Automobile Mileage (must be vouchered, at current IRS rate) _____
14. Matching Grant to 403(b) plan _____
15. Other (specify) _____ _____
16. Total additional payments (lines 8-15) _____
17. **Total Cost** (lines 7+16) _____

_____ Consent to the Presbytery's policy on administrative leave (mandatory if installed after 11/10/18) https://baltimorepresbytery.org/wp-content/uploads/AdministrativeLeavePolicy.pdf

_____ Consent to abide by the mandatory boundary and dismantling racism training https://baltimorepresbytery.org/wp-content/uploads/Dismantling-Racism.pdf

Other Benefits

1. Sick leave and family medical leave in accord with the Presbytery's Policy on Pastoral Compensation and Book of Order G-2.0804.

2. Study leave: _____ (at least 2 weeks) annually, to be taken within the year, with timing and subject to be cleared with the session. No compensation will be granted for unused study leave or allowance at the end of the contract.

3. Vacation: _____ (at least 4 full weeks, including Sunday) annually, to be scheduled in consultation with the session. It is expected that vacation will be taken in the year in which it is earned and will not be carried over unless another arrangement is expressly approved by the session in advance.

CERTIFICATION OF CALL

Pastor Nominating Committee

I certify that this pastoral search was undertaken in accordance with the requirements of the Book of Order, with particular regard for the church's commitment to diversity and inclusiveness.

_____

Chair, PNC

Congregational Meeting

We certify that this call has been made in all respect according to the rules laid down in the Form of Government, at a meeting of the congregation _____, 20____ .

_____ _____

Secretary of the Congregational Meeting *Moderator*

Others elected to sign the call:

_____ _____

_____ _____

_____ _____

Candidate

This is to certify that I have received and accept the call.

_____ _____

Date *Candidate*

Baltimore Presbytery, Presbytery of Call

This call has been reviewed by the Committee of Ministry, and approved by the Presbytery:

____ on _____ , 20 _____ or

____ on _____ , 20 _____ through action taken by COM/Council as authorized by G-3.0307.

_____

Stated Clerk

Note: Installation of the Pastor or Associate Pastor completes the call. Until installation, the pastor's official position is pastor-elect, and any of the parties involved: pastor, congregation, or presbytery, may rescind the call.