

**REPORT ON COMPENSATION – INSTALLED PASTORS/DESIGNATED
Presbytery of Miami Valley - Year ____
Designated Term Years Remaining ____**

City/Location _____ Church _____

Pastor _____

	____ (PREVIOUS YEAR)	____ (CURRENT YEAR)
Annual Cash Salary	\$ _____	\$ _____
Housing/Utility Allowance	\$ _____	\$ _____
Medical Supplement Reimb.	\$ _____	\$ _____
SECA (portion <u>more than half only</u>)	\$ _____	\$ _____
Deferred Income	\$ _____	\$ _____

(Annuity, Life Insurance, IRA, 403b, retirement savings, dental insurance, etc.)

Other (please specify):
 _____ \$ _____ \$ _____

Sub Total \$ _____ \$ _____

Free Use of Manse yes / no yes / no
 If yes – not less than 30% of above \$ _____ \$ _____

EFFECTIVE SALARY (total above) \$ _____ \$ _____

ESTIMATED PENSION/MEDICAL DUES \$ _____ \$ _____

SECA (portion half or less only) \$ _____ \$ _____

REIMBURSABLE EXPENSES (NEED TO SHOW AS ITEMIZED FOR COM PURPOSES)

Travel (auto @ IRS rate up to this amount) \$ _____ \$ _____
 Continuing Ed. (see min. terms) \$ _____ \$ _____
 Professional Expenses/Books \$ _____ \$ _____
 Other (please specify): \$ _____ \$ _____

ANNUAL LEAVE

Vacation (minimum 4 weeks including 4 Sundays) _____ _____
 Study leave (minimum 2 weeks including 2 Sundays) _____ _____
 Cumulative? # of weeks? _____ _____
 Other _____ _____ _____

A provision for a minimum of twelve weeks paid family medical leave per the Book of Order G-2.0804 is included in these terms of call. _____

The above terms were approved by the Congregation at its meeting on (date) _____

 Clerk of Session

 Date Signed