

# PASTORAL CALL

(for Installed Positions of Pastor, Co-Pastor, Designated, or Associate Pastor)

The congregation of \_\_\_\_\_ located in \_\_\_\_\_, Ohio belonging to the Presbytery of the Miami Valley, being well satisfied with your qualification 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 call you, \_\_\_\_\_, to undertake the office of \_\_\_\_\_ of this congregation, promising you in the discharge of your duty all proper support, encouragement, and allegiance in the Lord.

Effective Date of the Call (date work is to begin): \_\_\_\_\_

Number of Years for Designated Call: \_\_\_\_\_

That you may be free to devote yourself to the ordered ministry of Teaching Elder (Minister of the Word and Sacrament) as pastor of this congregation, we promise and obligate ourselves to pay you the following:

- \*Annual Cash Salary: \$ \_\_\_\_\_
- \*Annual Housing Allowance: \$ \_\_\_\_\_
- or \*Use of the Manse: \$ \_\_\_\_\_
- \*Annual Utilities Allowance (for Manse calls): \$ \_\_\_\_\_
- \*Medical Supplement Reimbursement \$ \_\_\_\_\_
- \*SECA Reimbursement (only portion greater than 50% is part of effective salary—see below for portion less than 50%): \$ \_\_\_\_\_
- \*Deferred Compensation (Annuity, Life Insurance, IRA 403b, retirement saving, etc.): \$ \_\_\_\_\_
- \*Other: (Please Specify) \_\_\_\_\_ \$ \_\_\_\_\_

**TOTAL EFFECTIVE SALARY:** \$ \_\_\_\_\_

Moving Costs: Full: \_\_ or up to a Limit of \$ \_\_\_\_\_

(NOTE: moving costs are taxable income)

Annual Vacation (Minimum 4 Weeks including 4 Sundays) \_\_\_\_\_

Annual Leave for Continuing Education: \_\_\_\_\_  
(Minimum 2 Weeks, including 2 Sundays per Year  
Cumulative to \_\_ Weeks) \_\_\_\_\_

**Note: Items indicated with an asterisk (\*) above are included in Effective Salary for Board of Pensions dues, as described below. For more information, please consult “Understanding Effective Salary” published by the Board of Pensions.**

Furthermore, we will pay regularly in advance to the board responsible for benefits a sum equal to that requisite percent of your effective salary which may be fixed by the General Assembly of the Presbyterian Church (U.S.A.) for participation in the Benefits Plan of the Presbyterian Church (U.S.A.), including both

*pension and medical coverage, or any successor plan approved by the General Assembly, during the time of your being and continuing in the pastoral relationship set forth in this call to this church.*

MEMO: Estimated Board of Pension Dues (39%) \$ \_\_\_\_\_

SECA Reimbursement (only portion 50% or less listed here, which is NOT part of Effective Salary) \$ \_\_\_\_\_

*We further promise and obligate ourselves to reimburse your professional expenses, subject to the terms of the Accountable Reimbursement Policy adopted by the session of the congregation, up to the following limits:*

Travel Reimbursable Expenses (including auto at IRS rate): \$ \_\_\_\_\_  
Continuing Education Reimbursable Expenses (must be included at an amount not less than the current presbytery minimum): \$ \_\_\_\_\_  
Professional Expense Reimbursement: \$ \_\_\_\_\_  
Other (Please specify): \$ \_\_\_\_\_  
Moving Expenses \$ \_\_\_\_\_

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. \_\_\_\_\_

***We further promise and obligate ourselves to review with you annually the adequacy of this compensation and of the expense reimbursements limits shown above.***

*In testimony whereof we have subscribed our names this \_\_\_ day of (month)\_\_\_\_\_, 20\_\_\_ (signatures of persons elected by the congregation to sign the call. FOUR ORIGINAL COPIES OF THIS FORM SHOULD BE SIGNED BY ALL THOSE LISTED ON THIS PAGE AND THE NEXT)*

\_\_\_\_\_  
\_\_\_\_\_

Having moderated the congregational meeting, I certify that the foregoing call has been made in accordance with all the requirements and provisions of the *Form of Government*, and that the persons who attested to this call were duly elected by the congregation for that specific purpose.

\_\_\_\_\_  
Moderator of the Congregational Meeting

**CERTIFICATION OF THE CALL**

For the pastoral services of \_\_\_\_\_ by the congregation of \_\_\_\_\_ in \_\_\_\_\_ Ohio:

**BY THE CANDIDATE:**

This certifies that I have received and accepted the call.

\_\_\_\_\_  
Signature of Candidate Date

**BY THE PRESBYTERY OF THE MIAMI VALLEY, THROUGH THE COMMITTEE ON MINISTRY:**

As chair of the Committee on Ministry, I certify that this call has been reviewed by the Committee on Ministry and the committee has taken the following action on behalf of the presbytery under its delegated authority (G-3.0307 of the Book of Order and Sec. 1.06 of the Presbytery's Committee on Ministry Policy and Practice):

Approved \_\_\_\_ Not approved \_\_\_\_

\_\_\_\_\_  
Signature of COM Chair Date

As Stated Clerk of the Presbytery of the Miami Valley, I certify the contract has been reviewed and approved by the Committee on Ministry as authorized by the presbytery, and this action will be reported to the presbytery at its next stated meeting.

\_\_\_\_\_  
Signature of Stated Clerk Date