

**REPORT ON COMPENSATION – INSTALLED PASTORS**  
**Presbytery of Miami Valley - Year \_\_\_\_**

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