

PASTORAL CALL

(for Installed Positions of Pastor, Co-Pastor, Designated Pastor, 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 _____ for 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 designated for Designated Pastors: _____

Number of hours if part time: _____

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.

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

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	\$ _____
Free Use of Manse yes / no	\$ _____
Annual Housing &/ or Utilities Allowance	\$ _____
Medical Supplement Reimbursement	\$ _____
SECA ¹ (portion <u>above</u> 50% only)	\$ _____
Deferred Income	\$ _____
(Annuity, Life Insurance, IRA, 403b, retirement savings, etc.)	
Other (please specify) _____	\$ _____
 TOTAL EFFECTIVE SALARY	 \$ _____
BoP ² Estimated Pension/Medical Dues (total)	\$ _____
Pension/Disability (10%)	\$ _____
Covering Health Insurance for: Pastor (17.5%)	\$ _____
Spouse	\$ _____
Children	\$ _____
Family	\$ _____

If not covering health insurance for spouse or family, please note the other source for health insurance:

SECA¹ (portion up to 50%) \$ _____

Reimbursable Expenses:

Auto (@ current IRS rate) \$ _____
Continuing Education \$ _____
(required: must meet entire presbytery minimum including part-time work - \$1750 for 2026)
Professional Expenses/Books \$ _____
Other (please specify) \$ _____

Moving Costs: Full: ___ or up to a Limit of \$ _____
(This is considered taxable income for IRS purposes)

TOTAL COMPENSATION \$ _____

ANNUAL LEAVE: (INCLUDING PART TIME WORK)

Vacation (minimum of 4 weeks) ___ weeks (including ___ Sundays)
Study leave (minimum of 2 weeks) ___ weeks (including ___ Sundays); cumulative to ___ weeks.
(PMV recommends that 3 years of study leave or up to 6 weeks plus 3 years of Cont. Ed. Funds
be permitted to accrue.)

A provision for a minimum of twelve (12) 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

NOTES:

1. SECA: Self-Employment Contributions Act (15.3%) this is in place of FICA (Federal Insurance Contributions Act). Pastors are considered self-employed. Employers may elect to pay up to 50% or 7.65%. If an employer pays more than 50%, it must report that as part of the effective salary to the Board of Pensions and it is considered taxable income.
2. Board of Pensions – offers a variety of opportunities for pension, disability, life insurance, vision, dental, health insurance. Please see pensions.org for more information. For installed positions 10% of effective salary for pension/death and disability, and 17.5% for health insurance are required by the Book of Order. For more information, please consult “Understanding Effective Salary” published by the Board of Pensions.