2020 TERMS OF CALL FORM
Associate Pastor
Presbytery of Milwaukee

Pastor’s Name ____________________________________________________________

Ordination Date ______________________

City &
Church____________________________________________________________________________

Position is:  Full-Time: ☐
Part-Time: ☐  Hours / Week __________

A. Effective Salary
1. Cash Salary (12 month equivalent) $______________
2. Housing / Utilities Allowance or Manse Value $______________
3. Contributions to PCUSA Fidelity 403b or other retirement $______________
4. Additional Compensation or Allowances (please specify below) $______________

Total Effective Salary for Board of Pensions (summary of 1-4) $______________

B. BENEFITS (Paid by Congregation)
1. Board of Pensions $______________
2. Supplemental Health (optional) $______________
3. SECA: Social Security Offset (optional) (50% or less) $______________
4. Other (specify) ________________________________ $______________

5. Vacation Minimum of four weeks including four Sundays
   (If greater, please specify here_______________________________)
6. Continuing Education minimum of 2 weeks
   (If greater, please specify here_______________________________)
7. Paid Sick Leave (up to 10 days for each year of service)

8. Please see Personnel Policies for Pastors at pbymilwaukee.org under Work of the
   Presbytery/COM for a complete list of the Presbytery’s Pastoral Policies and Minimums.
Initial Clerk of Session_______  Initial Pastor_______
C. PROFESSIONAL REIMBURSABLE EXPENSES (Paid by Congregation)

1. Auto Mileage Reimbursement up to $______________

2. Continuing Education $______________

3. Professional Expenses $______________

Salary will be paid (check one) ___ monthly; ___ twice a month on the _____ and ______; or______ bi-weekly

All parties have read and agree to the Presbytery’s dissolution policy found at www.pbymilwaukee.org COM documents.
Initial Pastor_________ Initial Clerk__________

These terms of call were approved at a properly called and executed Congregational Meeting on ______________________________.

Minister __________________________________________

Date __________________________

Clerk of Session________________________________________

Date __________________________

COM Moderator _________________________________________

Date __________________________

“By action of the presbytery, this relationship was recorded in the rolls and records of the Presbytery and the General Assembly.”
Stated Clerk (or Associate Stated Clerk) Signature:________________________________________