Occupation Code:103

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)

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

By signing below, the parties acknowledge that they have read and agree to the Pastoral Personnel Policies, the Ethical Boundaries Policy and the Dissolution Policy of the Presbytery of Milwaukee (all are found on the Presbytery's website under Documents & Resources/Commission on Transitional Ministries; www.pbymilwaukee.org/commission-on-transitional-ministries.html).

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

Minister signature _____ Date _____

Clerk of Session signature_____ Date _____

CPM Moderator signature _____ 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:_____