

2021 TRANSITIONAL PASTOR CONTRACT

The Session of _____, a congregation of the Presbytery of Milwaukee enters into the following contract for Transitional Ministry with the Rev. _____ This contract will be for a period of _____ (months) beginning _____.

This is a _____ FULL TIME ministry
_____ PART TIME ministry at _____ (indicate hours per week)

This ministry will include (Please check all fields pertaining to this position. If this is a less than full-time call the session and pastor should work out together how much time per week is required.):

- _____ Worship leadership and preparing the bulletin (Specify Sundays if less than full time)
- _____ Moderator of Session (and congregational meetings)
- _____ Pastoral calls to the ill, homebound, and as needed to other members
- _____ Officiate at weddings and funerals as requested
- _____ Assist the church committees, boards, and session to carry out assigned tasks
- _____ Assist with the Mission/Vision Study
- _____ Administrative duties
- _____ Other: _____
- _____ Other: _____
- _____ Other: _____
- _____ Other: _____
- _____ Other: _____

Goals for This Ministry

(Specify the desired goals for the Pastor and congregation during this time period.)

1. _____
2. _____
3. _____
4. _____
5. _____

It is understood that the Rev. _____ will assist the Pastor Nominating Committee with methods, processes and adequate reports, but **WILL NOT** be involved in **ANY** way with the search or selection of the new pastor. Any suggestions the Transitional Pastor has to make about the potential pastors of this congregation will be submitted to the Commission On Transitional Ministries.

COMPENSATION

*Compensation will be paid to the Stated Supply Pastor according to annual terms which meet or exceed the Minimum Compensation Standards of Milwaukee Presbytery. Please refer to those Minimum Compensation Standards on the Presbytery website for all items with an asterisk below.

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) \$ _____

Additional: 1/2 SECA (7.65%) \$ _____

Benefits

- 1. Board of Pensions \$ _____
- 2. BOP Optional Coverage (please specify)_____ \$ _____
- 3. Other (ie: Medical Reimbursement) \$ _____
- 4. Vacation **Minimum** of four weeks including four Sundays
(If greater, please indicate here _____)
- 5. Paid Sick Leave (up to 10 days for each year of service)

Professional Reimbursable Expenses

- 1. Mileage Reimbursement at current IRS rate
\$ _____

2. *Continuing Education

- a. Reimbursable expenses (travel, lodging, fees, materials) \$ _____
- b. _____ Minimum 2 weeks/year including 2 Sundays
- _____ Other: _____

3. *Professional Expenses \$ _____

Salary and Housing 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).

Date of session conference with Pastor: _____

Date of Session Action: _____

Clerk of Session signature: _____ Date: _____

Pastor signature: _____ Date: _____

CTM 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: _____

Contract renewal: Beginning date _____ End date _____

Initials: Clerk _____ Pastor _____ CTM Moderator _____ CTM approval date _____

Stated Clerk (Assoc. Stated Clerk) _____

Contract renewal: Beginning date _____ End date _____

Initials: Clerk _____ Pastor _____ CTM Moderator _____ CTM approval date _____

Stated Clerk (Assoc. Stated Clerk) _____