

**2021 TERMS OF CALL FORM**  
**Associate Pastor**  
**Presbytery of Milwaukee**

Pastor's Name \_\_\_\_\_

City & Church \_\_\_\_\_

Ordination Date & Ordaining Presbytery \_\_\_\_\_

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) | \$ _____ |

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**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 <b>Minimum</b> of four weeks including four Sundays<br>(If greater, please specify here _____) |          |
| 6. Continuing Education minimum of 2 weeks<br>(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 at current IRS rate 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](http://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/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: \_\_\_\_\_