

## DESIGNATED PASTOR TERMS OF CALL - Year \_\_\_\_\_

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

City &amp; Church \_\_\_\_\_

This is a \_\_\_\_\_ Designated Pastor Call beginning on \_\_\_\_\_

(To be renewed \_\_\_\_\_, at which time the position of Designated Pastor will be reviewed.)

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 position the session and pastor should work out together how much time per week is required.):

\_\_\_ Worship leadership, preaching, administration of the Sacraments

\_\_\_ Visitation, pastoral care

\_\_\_ Moderating session and administration

\_\_\_ Other (specify) \_\_\_\_\_

\_\_\_ Other (specify) \_\_\_\_\_

\_\_\_ Other (specify) \_\_\_\_\_

\_\_\_ Other (specify) \_\_\_\_\_

Other (specify) \_\_\_\_\_

**COMPENSATION**

\*Compensation will be paid to the Designated 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) \$ \_\_\_\_\_

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**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](http://www.pbymilwaukee.org/commission-on-transitional-ministries.html)).**

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

\_\_\_\_\_

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: \_\_\_\_\_