

STATED SUPPLY CONTRACT

The Session of _____, a congregation of the Presbytery of Milwaukee enters into the following contract for Stated Supply with the Rev. _____, beginning on _____ for _____. (Please specify duration of contract not to exceed one year.)

The session met with the pastor and the terms below were agreed upon on _____.

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 (10 hours)

___ Visitation, pastoral care

___ Moderating session and administration

___ Other (specify) _____

___ Other (specify) _____

___ Other (specify) _____

___ Other (specify) _____

___ Other (specify) _____

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. Health Care Coverage

A. Board of Pensions

___ Pastor only; ___ Pastor and children; ___ Pastor and Spouse; ___ Family
\$ _____

B. Alternative Healthcare Coverage \$ _____

(If choosing C, are you providing the Board of Pensions Covenant Package which provides: pension, death and disability, temporary disability, and the employee assistance plan?)

\$ _____

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).

Clerk of Session signature: _____ Date: _____

Pastor signature: _____ Date: _____

Authorized CTM 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: _____