

2020 TERMS OF CALL REPORTING FORM

For Installed Pastors and Associate Pastors - Chicago Presbytery Reporting Purposes Only

This form is intended to help you gather the information needed for reporting any changes in the Terms of Call for Pastors and Associate Pastors - to the Presbytery of Chicago, for annual COM and Presbytery Assembly approval.

We use the information only for Presbytery purposes and do not send it to any other agency. Please duplicate this form as needed. Please complete the form, have it signed by the Pastor(s) / Associate Pastors (s), and return it to the Presbytery of Chicago, 815 Van Buren Suite 415, Chicago, IL 60607 **by February 24, 2020. Thank you!**

Church _____ City _____

Name of Minister _____ Date of Congregational Meeting _____

Signed by Minister _____ Signed by Clerk of Session _____

2020 Presbytery Minimums

COMPENSATION INCLUDED IN EFFECTIVE SALARY

- | | | Minimum Terms of Call |
|-------------|---|--|
| 1) \$ _____ | Annual Cash Salary | Salary and Housing Allowance - Total: \$52,000 |
| 2) \$ _____ | Housing Allowance (or Church Manse – see line 4) | Housing Allowance or Manse |
| 3) \$ _____ | Deferred Compensation and / or other allowances | |
| 4) \$ _____ | Manse amount (must be 30% of lines 1-3, if Manse is provided.) | |
| 5) \$ _____ | Total Effective Salary (Sum of lines 1-4) Reported to Presbytery
(Note: Board of Pensions Benefit plan dues for a minister is based on 37% of this figure: 25% for Medical and 12% for Pension, Death & Disability coverage.) | |

COMPENSATION NOT INCLUDED IN EFFECTIVE SALARY

- | | | |
|--------------|---|--|
| 6) \$ _____ | Continuing education reimbursements | Minimum of \$700 |
| 7) \$ _____ | Automobile expenses reimbursements | Reimbursed at \$.58/mile - IRS 2019 rate |
| 8) \$ _____ | Business and professional expenses | Accountable reimbursement plan |
| 9) \$ _____ | SECA Offset (<u>only up to 50%</u> of estimated SECA obligation) | SECA Offset (7.65% of Line 5) |
| 10) \$ _____ | Section 125 Plan costs or amounts for medical deductible, dental, etc | |
| 11) \$ _____ | Total Additional Compensation (Add lines 6-10) Reported to Presbytery | |

Vacation (4 weeks min) _____ Study Leave (2 weeks min.) _____