

2021 TERMS OF CALL REPORT - Presbytery of Santa Fe

MINISTER'S NAME _____

CHURCH _____

Check all that apply:

- Pastor including organizing pastors
- Interim Pastor
- Interim Associate Pastor
- Parish Associate
- Stated Supply
- Associate Pastor
- Designated Pastor
- Commissioned Pastor

SERVICE

Full-time (35 hours or more) Part-time (20-34 hours) _____ hours

COMPENSATION INCLUDED IN EFFECTIVE SALARY

(Minimum salary/housing for 2021 is \$43,500 for full-time)

- 1. \$ _____ Annual cash salary
- 2. \$ _____ Housing allowance
- 3. \$ _____ **OR** Manse value, if manse is provided
- 4. \$ _____ Utility and furnishing allowances
- 5. \$ _____ Deferred compensation
- 6. \$ _____ Bonuses, unvouchered allowances, gifts from employer
- 7. \$ _____ Other allowances (e.g., medical deductibles, SECA allowance in excess of 50% of estimated obligation, etc.)
DO NOT LIST BOARD OF PENSIONS COVERAGE HERE
- 8. \$ _____ **Total Effective Salary (Sum of lines 1-7)**

COMPENSATION NOT INCLUDED IN EFFECTIVE SALARY

- 9. \$ _____ Continuing education reimbursements (minimum of \$1250)
- 10. \$ _____ Automobile expense reimbursements (not commuting/at least .37 per mile)
- 11. \$ _____ Business and professional expense reimbursements
- 12. \$ _____ SECA Tax allowance (only up to 50% of estimated obligation. Calculated at 7.65% of effective salary)
- 13. \$ _____ Group plan for medical deductible, co-insurance and dental premiums
- 14. \$ _____ Other vouchered allowances
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VACATION AND LEAVE

- 15. _____ Weeks vacation (minimum - four weeks)
- 16. _____ Weeks study leave (minimum - two weeks)

CLERGY RENEWAL LEAVE

A reminder: All Calls and Call renewals must show Clergy Renewal Leave which is to be granted after six years with your congregation.

BOARD OF PENSIONS PCUSA

It is expected that congregations are paying the pastor's pension, medical and death benefits through the Board of Pensions of the PCUSA. If you are **not** paying these dues please explain:

OTHER (please list): _____

Have these terms of call been approved by the Congregation? Yes _____ No _____ If not, please give the date of the congregational meeting: _____

Please complete and return **by April 15th** to the *Presbytery of Santa Fe, 217 Locust St. NE, Albuquerque, NM, 87102*, or EMAIL asc@santafepresbytery.org or FAX to 505-345-6563. If amounts are not yet approved, please insert proposed amounts and notify the office later of any changes.

Signed: _____
Clerk of Session