

## \* Terms of Call Report

This report must be submitted for the following: pastors, co-pastors, associate pastors, designated pastors, Certified Christian Educators, and Certified Associate Christian Educators. The presbytery receives information about other pastoral positions via annual contract renewals.

### Identification

Name of Congregation \_\_\_\_\_

Name of teaching elder/certified Christian educator \_\_\_\_\_

Position (i.e., pastor or co-pastor, associate pastor, designated pastor, Certified Christian Educator, Certified Associate Christian Educator) \_\_\_\_\_

Full or part-time If, part-time, number of hours per week \_\_\_\_\_

### Annual Compensation

\_\_\_\_\_ Cash Salary

\_\_\_\_\_ Housing Allowance

\_\_\_\_\_ Other (e.g., 403b, tax-sheltered annuities, bonuses/gifts, >50% SECA)

\_\_\_\_\_ Manse Allowance

\_\_\_\_\_ TOTAL ANNUAL EFFECTIVE SALARY

### Reimbursable Allowances

\_\_\_\_\_ Auto (must be "actual" at IRS maximum rate which is \$0.58 for 2019)

\_\_\_\_\_ Continuing Education

\_\_\_\_\_ Other (e.g., <50% SECA, other vouchered allowances)

### Board of Pensions Participation (choose one)

\_\_\_ Member only    \_\_\_ Member and covered partner    \_\_\_ Other

### Time Allowances

\_\_\_\_\_ Vacation (number of weeks)

\_\_\_\_\_ Study Leave (number of weeks)

### Attestation

Date compensation was reviewed with teaching elder/educator \_\_\_\_\_

Date session approved the terms \_\_\_\_\_

Date congregation approved terms for teaching elder \_\_\_\_\_

Name of Clerk of the Session \_\_\_\_\_

**-----TERMS OF CALL-----**

**Be sure that they meet or exceed Presbytery minimums.**

*(See "2019 Minimum Compensation Standards" in the COM File Cabinet on the Presbyteryofcincinnati.org website)*

Send completed form to the presbytery office.

Email: [melana@cpresby.org](mailto:melana@cpresby.org) Fax: 513-221-6601

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