Name: Minister/Certified Christian Educator

COM Form A
Installed Ministers (Teaching Elders) or Certified Christian Educators
Terms of Call for 2027
Committee on Ministry – Grace Presbytery

City, Name of Church

***Check all boxes and fill in all blanks that apply**:*

A. Is this a ____ Minister (Teaching Elder) ____ Certified Christian Educator (CCE)
B. What is the person's role? ____ Pastor, ____ Co-Pastor, ____ Associate Pastor, ____ Designated Pastor, ____ Certified Christian Educator
C. Is this ____ full-time or ____ part-time? If part time, ____ number of hours per week.
D. The position begins _____.
E. The following figures are ____ annual ____ monthly.
F. The date of the congregational (or session if educator) meeting recommending this call was _____. The recorded vote was: ____ yes ____ no ____ abstain.
G. The church year is ____ the calendar year or ____ the fiscal year from _____ to _____.
H. Has the session prepared and adopted a budget that supports the church's financial requirements for the next 12 months? ____ Yes ____ No
If no, please explain:

Has the session conducted a annual financial review (G-3.0133) of its financial books and records for the year just ended? ____ Yes ____ No
If no, please explain:

Has the session completed a review to determine the financial sustainability of this call?
____ Yes ____ No
If no, will the session undertake this review this year? ____ Yes ____ No
If no, please explain:

Compensation:

Line 1: $____ Cash Salary *(regular payroll, salary supplements)*

Line 2: $____ Housing/Utility Allowance *(rent, utilities, mortgages, property taxes, furnishings, etc.)*

Line 3: $____ Supplemental Insurance Premiums **not** offered through the Board of Pensions.

BOP Supplemental now on line 15.

Line 4: $____ Other Income *(Bonus, loans, unvouchered allowances (Such as an auto allowance)*

Specify type: _____

Line 5: $____ Fair Rental Value of Manse *(must be at least 30% of Lines 1 - 4 +7+8)*

Line 6: $____ **Total Compensation Subject to SECA** enter SECA at 7.65% on line11.

Compensation not Subject to SECA:

Line 7: $____ Deferred Income *(Board of Pensions 403b)* ***Employer match is reported on line 16.***

Line 8: $____ Tax Advantaged IRS Section 125 Plans *(Dependent Care FSA, Health Care FSA, etc.)*

Line 9: $____ **EXCESS** Social Security Offset ***(above 7.65% of Lines 6) See Line 11 first.***

Line 10: $____ **Total Effective Salary** *(Lines 6-9)* ***2027 Minimum for full-time pastoral positions is $60,050.***

Reimbursements:

Line 11: $____ **Social Security and Medicare Tax Offset** ***(recommendation is 7.65% of the Total of Line 6 and Line 18, as adjusted when total exceeds applicable social security wage limit)***

Line 12: $____ Business Travel/Automobile ..... *Auto miles vouchered at the current IRS mileage rate.*

Line 13a: $____ Continuing Education Minimum for full-time of $1,500

Line 13b: $____ Professional Expenses Minimum for full-time of $500

Benefits not subject to Board of Pensions Dues:

Line 14 $_____ Total of Board of Pension Dues

NOTE: Use this web address to determine BOP Dues amounts: //www.pensions.org/decision-guide
If the amount on Line 14 above does not equal the amount computed using the website BOP Calculator, identify any difference here: _____

BOP Dues Package is calculated using (check one):

___ Transitional Pastors Plan
___ Congregational Pastors Package
Please also check coverage level below.

Please check the coverage level and show the dollar amount on Line 14 above:

___ Pastor
___ Pastor and Spouse
___ Pastor and Dependents
___ Pastor and Family (spouse and dependents)

For Certified Christian Educators, the church will need to contact Employer Services at 1-800-773-7752 for a Benefits Proposal.

Line 15: $_____ Supplemental Insurance Premiums for benefits offered through the Board of Pensions, i.e., Dental, Vision Eyewear, Supplemental Death, and Supplemental Disability.

Line 16: $_____ Employer 403(b) Match—**Employee must contribute, otherwise report contributions on Line 7 above**.

Line 17: $_____ Internal Revenue Code Section 105 Health Reimbursement Account Contributions

Line 18: $_____ Moving Expenses **Included in Taxable Income**, but not subject to Board of Pensions Dues

Line 19: Study Leave: ___ weeks per year (includes Sundays, cumulative to 3 years) *2027 Minimum is 2 weeks/year*

Line 20: Vacation Leave: ___ weeks per year (including 4 Sundays)..... *2027 Minimum is 4 weeks/year*

Line 21: Sabbatical Leave: ___ weeks after ___ years (as applicable)

Line 22: $_____ **Total Compensation Package** *(Lines 10 through 18)*

Line 23: $_____ **Total Cost to the Church** *(Line 22 minus Line 5)*

Line 24: $_____ **Total Compensation paid directly to minister/educator** *(Lines1+2+4+9+11+18)*

Having moderated the ❒ congregational *(or)* ❒ session meeting which extended this call, I certify that the call has been made in all respects according to the Form of Government and all policies of Grace Presbytery, and that the congregational representatives who signed this call were authorized to do so by vote of the congregation. Additionally, we confirm that this information has been reported to the Board of Pensions through Benefits Connect at the Board of Pensions Website.

Signature		**Cell Phone**	**Email Address**
_____	Moderator of the Meeting	(___) _____	_____
_____	Minister/Certified Educator/Candidate	(___) _____	_____
_____	Search Committee Moderator.....	(___) _____	_____
_____	Clerk of Session.....	(___) _____	_____
_____	Committee on Ministry Moderator....	(___) _____	_____
_____	Stated Clerk of Grace Presbytery…..	(___) _____	_____

Ministers Transferring from Another Presbytery: If this person is a member of another presbytery, complete the following:

Name of Dismissing Presbytery _____ Address _____

Name of Stated Clerk _____ Stated Clerk's Email: _____

NOTES:

- All of the terms of call are listed above. All other financial agreements (loans, sabbaticals, family leave, etc.) must be attached to this form and approved by the minister, congregation and Committee on Ministry.
- Please email completed form to *tammy@gracepresbytery.org*, or fax to 214-637-6324, or mail to: COM c/o Grace Presbytery 6100 Colwell Blvd. Ste. 100, Irving TX 75039.