

**Signatures**

**Cell Phone**

**Email Address**

|       |  |       |
|-------|--|-------|
| _____ | Minister/Certified Educator/Candidate ( ) _____  | _____ |
| _____ | Clerk of Session ..... ( ) _____                 | _____ |
| _____ | Committee on Ministry Moderator ... ( ) _____    | _____ |
| _____ | Stated Clerk of Grace Presbytery ..... ( ) _____ | _____ |

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

Name of Dismissing Presbytery \_\_\_\_\_ Address \_\_\_\_\_

Name of Stated Clerk \_\_\_\_\_ Stated Clerk's email: \_\_\_\_\_

**NOTES:**

- All of the financial terms of the contract are listed above. All other financial agreements (loans, sabbaticals, family leave, etc.) must be attached to this form and approved by the minister (or commissioned ruling elder), session and COM.
- Part-time position minimums should be prorated on the full-time minimum, except for Parish Associates who can be without compensation.
- Nonmonetary provisions of the contract must be attached to this form.
- The **Interim Responsibilities** must be attached to this form.
- Please email completed form to [tammy@gracepresbytery.org](mailto: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.

**Menu Plan Benefits Elected by Church and Available to Other Teaching Elders and employees. Please work directly with the Board of Pensions and the minister/educator/CRE to determine proper coverage and cost:**

1. Medical coverage
  - a. \_\_\_ EPO –Total Cost\_\_\_\_\_ Employer Participation (not less than 50% of individual cost)\_\_\_\_\_
  - b. \_\_\_ PPO –Total Cost\_\_\_\_\_ Employer Participation (not less than 50% of individual cost)\_\_\_\_\_
2. Retirement Plan
  - a. \_\_\_ Standard Defined Benefit Pension Plan, Employer Funded
  - b. \_\_\_ Retirement Savings Plan (403b)—Employee Funded \$ \_\_\_\_\_
  - c. \_\_\_ Employer Match \$ \_\_\_\_\_
  - d. \_\_\_ Employer may make a voluntary contribution
3. Death and Disability (Employer Funded)
  - a. \_\_\_ If participating in Defined Benefit Pension Plan, the cost is 1% of effective salary \$ \_\_\_\_\_
  - b. \_\_\_ If this is a standalone benefit, the cost is 3.5% of effective salary \$ \_\_\_\_\_
4. Supplemental Participatory Plans (Employee or Employer funded):
  - a. \_\_\_ Dental \$ \_\_\_\_\_
  - b. \_\_\_ Death \$ \_\_\_\_\_
  - c. \_\_\_ Disability \$ \_\_\_\_\_

COM Form C  
**New Temporary Positions  
 Contract for 2019**

Name of Minister/ Educator/CRE \_\_\_\_\_

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), \_\_\_ Commissioned Ruling Elder, \_\_\_ Educator
- B. Is this person Honorably Retired (HR)? \_\_\_ yes, \_\_\_ no. If yes, are they working 20 hours or more? \_\_\_yes \_\_\_ no
- C. What is the person's role? \_\_\_ Interim Pastor, \_\_\_ Interim Associate Pastor, \_\_\_ Stated Supply, \_\_\_ Parish Associate, \_\_\_ Commissioned Pastor, \_\_\_ Moderator, \_\_\_ Educator
- D. What authority will they have? \_\_\_ Moderate the session, \_\_\_ administer the sacraments, \_\_\_ officiate at marriages.
- E. Is this \_\_\_ full-time or \_\_\_ part-time? If part time, \_\_\_ number of hours per week.
- F. The position begins \_\_\_\_\_ and will end \_\_\_\_\_. (No longer than 1 year.)
- G. The church will pay \_\_\_ all moving expenses, \_\_\_ moving expenses up to \$ \_\_\_\_\_, or \_\_\_ no moving expenses.
- H. The following figures are \_\_\_ annual \_\_\_ monthly.
- I. The date of the session meeting recommending this contract was \_\_\_\_\_.  
 The recorded vote was: \_\_\_ yes \_\_\_ no \_\_\_ abstain.
- J. The fiscal year of the church is the calendar year or from \_\_\_\_\_ to \_\_\_\_\_.
- K. Will the church be providing benefits for this person? \_\_\_ yes, \_\_\_ no? If yes, complete Line 12 below.
- L. Attach a financial report (budget, balance sheet, etc.) and the session minutes.

**Compensation:**

- Line 1: \$ \_\_\_\_\_ Cash Salary (regular payroll, salary supplements)
- Line 2: \$ \_\_\_\_\_ Housing and Utility Allowance (rent, utilities, mortgages, property taxes, furnishings, etc.)
- Line 3: \$ \_\_\_\_\_ Deferred Income (Board of Pensions 403b) **Employer match is reported on line 13 below.**
- Line 4a: \$ \_\_\_\_\_ Other Income (optional dental or life insurance, loans, etc.)  
 Specify what: \_\_\_\_\_
- Line 4b: \$ \_\_\_\_\_ Other Income (Bonus, unvouchered allowances. Such as a monthly auto allowance)  
 Specify what: \_\_\_\_\_
- Line 5: \$ \_\_\_\_\_ Medical Supplement (IRS 125 Cafeteria Plan contributions, Health Reimbursement Accounts)
- Line 6: \$ \_\_\_\_\_ Fair Rental Value of Manse (must be at least 30% of Lines 1-5)
- Line 7: \$ \_\_\_\_\_ Social Security Offset (above 7.65% of Lines 1+2+4+5+6) See Line 9 first.
- Line 8: \$ \_\_\_\_\_ Total Effective Salary (Lines 1-7)..... 2019 Minimum for full-time pastoral positions is \$47,200

**Reimbursements:**

- Line 9: \$ \_\_\_\_\_ Social Security Offset (at or below 7.65% of Lines 1+2+4+5+6)
- Line 10: \$ \_\_\_\_\_ Business Travel/Automobile.....Auto miles vouchered at the current IRS mileage rate.
- Line 11: \$ \_\_\_\_\_ Continuing Education and Professional Expenses (study leave expenses, books, professional journals, business meals, cell phones, etc.)..... 2019 Minimum for full-time is \$1,000

**Benefits:**

- Line 12a: \$ \_\_\_\_\_ Board of Pension Dues (37% of Line 8 effective 1/1/2019) regardless of the number of hours worked. However, if the amount on Line 8 is less than \$47,300, you need to contact the Board of Pensions or Grace Presbytery for the correct calculation.

**OR**

- Line 12b: \$ \_\_\_\_\_ Menu Plan Benefits from page 2
- Line 13: \$ \_\_\_\_\_ Employer 403(b) Match—**Employee must contribute, otherwise report contributions on Line 3 above.**
- Line 14: \$ \_\_\_\_\_ Internal Revenue Code Section 105 Health Reimbursement Account Contributions
- Line 15: \$ \_\_\_\_\_ Moving Expenses Included in Taxable Income, but not subject to Board of Pensions Dues
- Line 16: Study Leave: \_\_\_\_\_ weeks per year (includes Sundays, cumulative to 3 years)...2019 Minimum is 2 weeks/year
- Line 17: Vacation Leave: \_\_\_\_\_ weeks per year (including 4 Sundays).....2019 Minimum is 4 weeks/year
- Line 18: Sabbatical Leave: \_\_\_\_\_ weeks after \_\_\_\_\_ years (as applicable)
- Line 19: \$ \_\_\_\_\_ Total Compensation Package (Lines 8 through 15)
- Line 20: \$ \_\_\_\_\_ Total Cost to the Church (Line 19 minus Line 6)
- Line 21: \$ \_\_\_\_\_ Total Compensation paid directly to the minister or educator (Lines 1+2+4b+7+9)

Having moderated the 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 using form ENR-111 or through Benefits Connect at the Board of Pensions Website.

**Signature**

**Cell Phone**

**Email Address**

\_\_\_\_\_  
 Moderator of the Meeting ..... ( ) \_\_\_\_\_

**Continued on the next page.**