

2020 TERMS OF CALL ALTERNATE TO ONLINE FORM

Please save to your computer, fill out, and return

Name _____

Email _____

Church _____

Position

<input type="checkbox"/>	Pastor/Co-Pastor
<input type="checkbox"/>	Interim Pastor/Interim co-pastor
<input type="checkbox"/>	Stated Supply
<input type="checkbox"/>	Temp Supply
<input type="checkbox"/>	CRE
<input type="checkbox"/>	Associate Pastor
<input type="checkbox"/>	Interim Associate Pastor
<input type="checkbox"/>	Temp Supply Assoc. Pastor
<input type="checkbox"/>	Assistant Pastor
<input type="checkbox"/>	Resident Minister
<input type="checkbox"/>	Other: Specify _____

I Am

<input type="checkbox"/>	Full Time
<input type="checkbox"/>	Part Time What % _____

COMPENSATION CHANGES

I. EFFECTIVE SALARY

- 1 Cash Salary _____
- 2 Housing and Utility Allowance _____
- 3 Use of Manse (fair rental value, at least 30% of Cash and flex benefits) _____
- 4 Flexible Benefits: (child and elder care, additional life insurance, 403(b) plans, and other vouchered allowances as permitted by IRS Section 125. For further information consult a tax accountant.) _____
- 4a. Life Insurance _____
- 4b. Deferred Compensation (403(b), annuity, etc.) _____
- 4c. Other Flexible Benefits (i.e. SECA above 7.65% of effective salary) _____
NAME of Other Flexible Benefits _____
5. **TOTAL EFFECTIVE SALARY (add 1 - 4c)** _____

II. BENEFITS

If you do **NOT** participate in the following benefits please insert a zero on line 8.

- 6a. Board of Pension (BOP) Medical (25% of #5 minimum of \$44,000) _____
- 6b. BOP Pension (11% of #5) _____
- 6c. BOP Death/Disability (1% of #5) _____
- 6d. BOP Optional Dental/Vision _____
7. Social Security (SECA) Allowance (7.65% of #5) _____
8. **TOTAL BENEFITS (add 6a - 7)** _____

III. REIMBURSED EXPENSES

As designated by the Pastor.

- 9. Medical Deductible _____
 - 10. Study Allowance (minimum of \$1,000) _____
 - 11. Professional Expenses (minimum of \$1,500) this includes Auto Reimbursement and Business Expenses _____
 - 12. Other Reimbursed Expenses Please Name _____
 - 13. Other Reimbursed Expenses Amount _____
 - 14. **TOTAL REIMBURSED EXPENSES (add 9 - 13)** _____
 - 15. **GRAND TOTAL TERMS OF CALL (add 5, 8, & 14)** _____
- Is the amount reported in #15 higher, lower, or the same as 2019? _____

LEAVE

- 1. Vacation Days Available (at least one month including 4 Sundays) _____
- 2. Study Leave Days Available (at least two weeks including 2 Sundays) _____
- 3. Sabbatical Leave Awarded? Yes # of Days No _____

PERSONAL INFORMATION

Home Address _____

City _____

Zip Code _____

Preferred Phone Number _____

SEXUAL MISCONDUCT & ETHICS PAPERS

Please read the PC(USA) Standards of Ethical Conduct and the Presbytery of Detroit Sexual Misconduct Policy. These are found on-line at <http://pbydetroit.org/mMinistry.htm>.

I have read and agree to be bound by both policies.

YES

NO

This form MUST be sent to Dawn Eiben at the Presbytery of Detroit by mail at 17575 Hubbell, Detroit, MI 48235, by Fax to (313) 345-7250 or by email to dawn@detroitpresbytery.org.

DEADLINE is September 1.