

WHITEWATER VALLEY PRESBYTERY TERMS OF CALL (TOC)

This form is **only** for installed pastors, co-pastors, and associate pastors. Do **not** use this form to report compensation for contract call pastors.

Minister						
Congregation						
Starting Date for new Terms of Call year term □ Pastor □ Designated Pastor: year term			Hours Per Week			
			□Co-Pastor □ Associate Pa			
Specific Title						
		2024	L	2025		
Base Compensation		\$		\$		
Cash Salary		\$		\$		
Housing Allowance		\$		\$		
Salary and Housing Total	2024 w/o manse = \$56,586 2024 w/Manse & Utilities = \$43,762 2025 = TBD **	\$		\$		
Other: Bonuses, Unvouchered Allo 403b Employee Contribution	owances and Gifts = Cash Salary on = Cash Salary	\$		\$		
Total Effective Salary (iter	ms above)	\$		\$		
Additional Required C	ompensation					
Board of Pensions	2024 = 39% of Effective Salary 2025= 26% of Effective Salary PLUS Spouse/Dependent Medical**			\$		
Vacation	minimum 4 weeks, including 4 Sundays +15 years = 5 weeks, including 5 Sundays	4	weeks	weeks		
Continuing Education/Professional Development minimum 2 weeks			weeks	weeks		
Paid Family Leave See "Ministry Togeth	<i>minimum 12 weeks</i> ner" at www.whitewatervalley.org		weeks	weeks		
Total Additional Required		\$		\$		
Reimbursable/Voucher	ed Expenses					
Continuing Education/Professional Development minimum \$1,500				\$		
Mileage/Auto minimum \$2,800 @IRS established rate				\$		
Other Vouchered Expenses,	\$		\$			
Total Reimbursable/Vouch	\$		\$			

Additional Optional Benefits				
Social Security Offset/SECA Allowance (7.65% of Effective Salary) Please Note: This benefit is taxable, per IRS rules.	\$		\$	
Optional Board of Pensions (rates at <u>www.pensions.org</u>) Vision Dental Supplemental Death 403b Employer Matching Contribution	\$ \$ \$		\$ \$ \$	
TOTAL	\$		\$	
Whitewater Valley Presbytery FSA/HRA**			\$	
Sabbatical Leave, after how many years of continuous service?		years		years
Total Investment			\$	

^{**} Please contact COM Liaison or Transitional Lead Presbyter for information regarding 2025 Spouse/Dependent Medical coverage **rates and requirements** and/or Whitewater Valley Presbytery FSA/HRA programs.

Certification of Call (A to C At Beginning of Call; C only Annually)

Α.	 Action by Commission on Ministry for Whitewater Valley Presbytery The Commission on Ministry of the Presbytery of Whitewater Valley has reviewed and appropriate this call with the compensation listed. 					
	Date of action	(Signed)				
		(-87	COM Chair or Authorized Signer			
В.	Acceptance of the Call This is to certify that I have	e received and ac	cepted the call with the compensation listed.			
	Date of action	(Signed)				
		J	Pastor/Minister			
c.	Vote of the Call This is to certify that the S the compensation listed.	ession and Congr	regation have voted to accept this call with			
	Date of Session Approval		Date of Congregational Meeting			
		(Signed)				
			Clerk of Session			