

Presbytery of the James
REPORT FORM FOR TERMS OF CALL

To be completed for called and installed ministers and for certified Christian educators; due February 15 each year.

Name of Minister or Certified Christian Educator: _____

Home address: _____

Email: _____

Church: _____ Date terms go into effect: _____

TERMS OF CALL	Year:	Year:	Change +/-
1. Cash Salary			
2. Housing, utilities & furnishings allowance (ministers only) OR			
3. a. Utilities & furnishings allowance (ministers only) AND b. Manse rental value at least 30% of 1 & 3a ¹ (ministers only)			
4. Deferred Compensation, Bonuses, un-vouchered allowances, gifts from employers, medical deductible, SECA in excess of 50%			
5. SUBTOTAL (TOTAL EFFECTIVE SALARY)			
6. Pension/medical ___ Transitional PP or ___ Congregational PP			
7. Self-employment Tax (SECA)			
8. Auto/travel expenses			
9. Continuing education & books allowance			
10. Continuing education time (e.g., 2 weeks)			
11. Vacation time (e.g., 4 weeks)			
12. Other (explain)			
13. TOTAL			

¹ Manse Rental Value must be at least 30% of Cash Salary, Utilities, and Furnishings Allowance and any Deferred Compensation, Bonuses, unvouchered allowances, gifts from employers, medical deductible, and SECA (in excess of 50%).

Family Medical Leave (G-2.0804): The call shall include provision for a minimum of twelve weeks paid family medical leave.

Describe your Continuing Education in the past year: _____

Did you have a physical examination this past year? Yes _____. No _____.

Did you take your allotted vacation time this past year? Yes _____. No _____.

Did you report any changes in the terms of call to the Board of Pensions on Benefits Connect (www.pensions.org)? Yes _____. No _____.

The terms of call were approved at a properly called congregational meeting on this date: _____

Minister or Certified Educator, signature

Clerk of Session, signature