



# WHITEWATER VALLEY PRESBYTERY

## INSTALLED/DESIGNATED

### 2025 TERMS OF CALL (TOC)

**Minister** \_\_\_\_\_

**Congregation** \_\_\_\_\_

**Starting Date for new Terms of Call** \_\_\_\_\_ **Hours Per Week** \_\_\_\_\_

**Pastor**     **Designated Pastor:** \_\_\_\_\_ **year term**     **Co-Pastor**     **Associate Pastor**

**Specific Title** \_\_\_\_\_

**2025**

<b>Base Compensation</b>		\$
Cash Salary		\$
Housing Allowance		\$
Salary and Housing Total	<i>Minimum Salary and Housing = \$58,968 Minimum if Manse and Utilities Provided = \$45,523</i>	\$
Other	<i>Bonuses, Unvouchered Allowances and Gifts = Cash Salary 403b Employee Contribution = Cash Salary</i>	\$
Total <u>Effective Salary</u> (items above)		\$
<b>Additional Required Compensation</b>		
Board of Pensions	<i>Transitional Package 43% of Effective Salary</i>	\$
<b>To request exemption from Transitional Package and enroll the pastor in the Congregational Pastors Package, please complete information on page 2 of this document.</b>		
Health Reimbursement Arrangement (HRA) - \$2,000		\$
<b>If not participating in Whitewater Valley Presbytery HRA, please complete information on page 2 of this document.</b>		
Vacation	<i>minimum 4 weeks, including 4 Sundays +15 years = 5 weeks, including 5 Sundays</i>	weeks
Continuing Education/Professional Development	<i>minimum 2 weeks; cumulative for up to 4 years</i>	weeks
Paid Family Leave	<i>minimum 12 weeks See "Ministry Together" at www.whitewatervalley.org</i>	weeks
Total Additional Required		\$
<b>Reimbursable/Vouchered Expenses</b>		
Continuing Education/Professional Development	<i>minimum \$1,500; cumulative for up to 4 years</i>	\$
Mileage/Auto	<i>minimum \$2,800 @IRS established rate</i>	\$
Other Vouchered Expenses, including Moving Expenses		\$
Total Reimbursable/Vouchered Expenses	<i>minimum \$4,300</i>	\$
<b>Additional Optional Benefits</b>		

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 <a href="http://www.pensions.org">www.pensions.org</a> )	
Vision	\$ _____ \$ _____
Dental	_____ \$ _____
Supplemental Death	_____ \$ _____
403b Employer Matching Contribution	\$ _____
<b>TOTAL</b>	
Sabbatical Leave, after how many years of continuous service?	_____ years
<b>Total Investment</b>	\$ _____

**Certification of Call**

**This is to certify that the Session and Congregation have voted to accept this call with the compensation listed.**

Date of Session Approval \_\_\_\_\_ Date of Congregational Meeting \_\_\_\_\_

(Signed) \_\_\_\_\_  
Clerk of Session

**Board of Pensions Transitional Plan Waiver**

**We have consulted and agree that the Congregational Pastors Package of the Board of Pensions is in the best interest of the congregation and the pastor. Our pastor's spouse and family (if applicable) have the needed medical coverage without the Transitional Plan of the Board of Pensions.**

(Signed) \_\_\_\_\_ (Signed) \_\_\_\_\_  
Pastor/Minister Clerk of Session

**Health Reimbursement Arrangement (HRA) Waiver**

**We request a waiver from the Whitewater Valley Presbytery HRA program because:**

- Our pastor is scheduled to work less than 30 hours per week.**
- Our congregation has an HRA in place with a qualified benefits manager and it meets or exceeds the Presbytery minimum of \$2000.**

(Signed) \_\_\_\_\_  
Clerk of Session