



WHITEWATER VALLEY PRESBYTERY COMMISSIONED RULING ELDERS 2025 TERMS OF CALL (TOC)

Minister _____

Congregation _____

Starting Date for new Terms of Call _____ **Hours Per Week** _____

(Part-time positions are prorated based on the minimums below which reflect a 40-hour work week.)

Specific Title _____

		2025
Base Compensation		\$
Cash Salary		\$
Housing Allowance		\$
Salary and Housing Total	<i>Minimum Salary and Housing = \$47,174 Minimum if Manse and Utilities Provided = \$36,418</i>	\$
Other	<i>Bonuses, Unvouchered Allowances and Gifts = Cash Salary 403b Employee Contribution = Cash Salary</i>	\$
Total <u>Effective Salary</u> (items above)		\$
Additional Required Compensation		
Board of Pensions	<i>Transitional Package 43% of Effective Salary</i> To request exemption from Transitional Package and enroll the pastor in the Congregational Pastors Package, please complete information on page 2 of this document.	\$
Health Reimbursement Arrangement (HRA) - \$1,600 If not participating in Whitewater Valley Presbytery HRA, please complete information on page 2 of this document.		\$
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		\$
Reimbursable/Vouchered Expenses		
Continuing Education/Professional Development	<i>minimum \$1,200; cumulative for up to 4 years</i>	\$
Mileage/Auto	<i>minimum \$2,240 @IRS established rate</i>	\$
Other Vouchered Expenses, including Moving Expenses		\$
Total Reimbursable/Vouchered Expenses <i>minimum \$3,440</i>		\$
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 www.pensions.org)	
Vision		\$ _____ \$ _____
Dental		_____ \$ _____
Supplemental Death		_____ \$ _____
403b Employer Matching Contribution		_____ \$ _____
TOTAL		
Sabbatical Leave, after how many years of continuous service?		_____ years
Total Investment		\$ _____

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 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 \$1600.**

(Signed) _____
Clerk of Session