

## WHITEWATER VALLEY PRESBYTERY TEMPORARY PASTORS

(STATED SUPPLY, COVENANT, BRIDGE, INTERIM, TRANSITIONAL, VALIDATED SERVING IN A CONGREGATION)

## 2025 TERMS OF CALL (TOC)

Minister		
Congregation		
Starting Date	Term/Yrs of Call Hours Pe	er Week
(Part-time/PT position	s are prorated based on the minimums below which reflect	a 40 hour work week.)
Specific Title		2025
Base Compensation		<b>2025</b>
Cash Salary		\$
Housing Allowance		\$
Salary and Housing Total	Minimum Salary and Housing= \$58,968 Minimum if Manse and Utilities Provided = \$45,523	\$
Other	Bonuses, Unvouchered Allowances and Gifts = Cash Salary 403b Employee Contribution = Cash Salary	\$
Total <u>Effective Salary</u> (	\$	
Additional Required	Compensation	
Board of Pensions for FT only Transitional Package 43% of Effective Salary		\$
Health Reimbursement A	\$	
Vacation	FT minimum 4 weeks, including 4 Sundays +15 years = 5 weeks, including 5 Sundays. PT is prorated by hours per week.	weeks
Continuing Education/Pr		weeks
Paid Family Leave	FT minimum 12 weeks PT is prorated by hours per week.	weeks
Total Additional Requi	\$	
Reimbursable/Vouch	ered Expenses	
Continuing Education/Professional Development  FT minimum \$1,500; cumulative for up to 4 years.  PT is prorated by hours per week.		\$
Mileage/Auto	FT minimum \$2,800 @IRS established rate. PT is prorated by hours per week.	\$
Other Vouchered Expense	\$	
Total Reimbursable/Vou	\$	

Additional Optional Benefits	
Social Security Offset/SECA Allowance (7.65% of Eff	
Please Note: This benefit is taxable, per IRS	ruies.
Optional Board of Pensions (rates at <u>www.</u> ]	<u>pensions.org</u> )
Vision Dental	<b>\$</b>
Supplemental Death	φ \$
403b Employer Matching Contribution	\$ \$
TOTAL	Ť
Sabbatical Leave, after how many years of continuous so	ervice? years
Total Investment	\$
The pastor may also terminate this conti any payment beyond that for ac	s written notice. ract with thirty days written notice and forfeit etual services in the thirty-day period.  cation of Call oted to accept this call with the
compensation listed.	•
Date of Session Approval	(Signed)
	Clerk of Session
and family (if applicable) have medical	ngregation and the pastor. Our pastor's spouse coverage without the Transitional Plan of the empt from Board of Pensions coverage because work more than 20 hours per week.
(Signed)	(Signed)
Pastor/Minister	(Signed) Clerk of Session
We request a waiver from the Whitewa Our pastor is scheduled to work less t	e with a qualified benefits manager and it meets
(Signed)	Clerk of Session
	Clerk of Session
We have read and agree to the covenant	ing in Validated Positions in Congregations Regarding Validated Congregational Positions. www.whitewatervalley.org under Forms.)
(Signed)	(Signed)
Pastor/Minister	(Signed) Clerk of Session