

**Form F-1: 2016 Compensation and Call Form**  
**Commission on Ministry – Presbytery of Tampa Bay**

The \_\_\_\_\_ Presbyterian Church, located in \_\_\_\_\_, Florida, recommends

that these terms be  approved (or)  changed for Rev./Mr./Mrs./Ms. \_\_\_\_\_.

The date of the congregation/session meeting making this request is \_\_\_\_\_.

The beginning date is \_\_\_\_\_. The position is for  Indefinite Term or  Designated Term.

The position is:  Full-time (40 hours/week) or  Part-time \_\_\_\_\_% of full-time (or) \_\_\_\_\_ hours/week.

**For Indefinite Term**, check one of the following:

Pastor  Co-Pastor  Associate Pastor  Certified Christian Educator  Other: \_\_\_\_\_

**For Designated Term**, check one of the following:

Pastor  Stated Supply (max 1 year)  Interim Pastor  Interim Associate Pastor  Parish Associate

Commissioned Ruling Elder (max 3 years)

This designated position is approved until: \_\_\_\_\_

**All figures should be based on 12 months, even for a partial year term.**

1	<b>Annual Cash Salary</b> (regular payroll, salary supplements)	
2	<b>Housing Allowance</b> (utilities, mortgage payments, real estate taxes)	
3	<b>Deferred Income</b> (IRS 403b Plan, Retirement Savings Plan)	
4	<b>Special*</b> (fill in here) _____	
5	<b>Medical/Misc.</b> (IRS 125 Plan contributions only)	
6	<b>Fair Rental Value of Manse</b> (must be at least 30% of Lines 1-5)	
7	<b>Total Effective Salary</b> (Total of Lines 1-6) - <b>Minimum is \$42,656:</b>	
	<b>Pension Dues</b> - Choose either Lines 8(a-d) or Line 9 below. <a href="#">More Info Here and Here</a>	
8a	<b>Medical</b> (23% of greater of Line 7 or \$44,000)	
8b	<b>Pension, Disability</b> (12% of Line 7)	
8c	<b>Optional Family Medical Dues</b> (1.5% of greater of Line 7 or \$44,000)	
8d	<b>Optional Board of Pensions Programs</b> (Dental, Long Term Care, etc.)	
9	<b>Post-Retirement Service 20 hrs/wk or more:</b> (12% of Line 7) <i>(No Dues for Post Retirement &lt;20 hrs/wk, but 12% vacancy dues applies for first year of vacancy.)</i>	
10	<b>Continuing Education</b> (study leave expenses) <b>Minimum is \$1,200</b>	
11	<b>Auto/Professional</b> (business expenses, auto vouchers at IRS mileage rate)	
12	<b>Social Security</b> (7.65 % of Lines 1+2+4+5. Excludes Deferred Income)	
13	<b>Medical</b> (IRS 105 Plan reimbursements only)	
14	<b>Total Annual Cost to Church</b> (Total of Lines 7-15):	
15	<b>Study Leave</b> _____ weeks per year <b>Minimum is 2 weeks</b>	
16	<b>Vacation Leave</b> _____ weeks per year <b>Minimum is 4 weeks</b>	
17	<b>Sabbatical Leave</b> _____ weeks after _____ years	

The church will pay  all moving expenses (or) expenses up to \$\_\_\_\_\_.

**\*NOTE:** The terms of call are listed above. All other financial agreements (loans, etc.) must be attached to this form and approved by the minister, congregation, and Commission on Ministry.

**Signature**

**Cell Phone**

_____	Minister/Educator/Candidate	_____
_____	Search/Personnel Chair	_____
_____	Clerk of Session	_____
_____	Commission on Ministry Chair	_____
_____	Stated Clerk	_____