

Form F-1: 2020 Compensation and Call Form
Commission on Ministry - Presbytery of Tampa Bay

Please return to Stated Clerk within 2 weeks of approval: statedclerk@pbt.com

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 Pastor (max 3 years) *(Min Salary for CCEs and CPs is 85% of Min Effective Salary)*

This designated position is approved until: _____

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

1	Annual Cash Salary (regular payroll, salary supplements)	
2	Housing Allowance (utilities, mortgage payments, real estate taxes)	
3	Deferred Income (IRS 403b Plan, Retirement Savings Plan)	
4	Other* (list here and attach) _____	
5	Medical/Misc. (IRS 125 Plan contributions only)	
6	Fair Rental Value of Manse (must be at least 30% of Lines 1-5)	
7	Total Effective Salary (Total of Lines 1-6) - Minimum is \$45,771 (Calculator):	

Benefits - Choose Lines 8(a-c), Line 9 or Line 10 below. [Benefits Calculator and More Info](#)

8a	Board of Pensions Medical (25% of greater of Line 7 or \$44,000)	
8b	Board of Pensions Pension, Disability (12% of Line 7)	
8c	Optional Board of Pensions Programs (Dental, Long Term Care, etc.)	
9	Post-Retirement Service 20 hrs/wk or more: (12% of Line 7)	
10	Other Benefits Plans (only available for non-installed positions)	
11	Continuing Education (study leave expenses) Minimum is \$1,200	
12	Auto/Professional (business expenses, auto vouchers at IRS mileage rate)	
13	Social Security (7.65 % of Lines 1+2+4+5+6.Excludes Deferred Income)(<input type="checkbox"/> exempt)	
14	Medical (IRS 105 Plan reimbursements only)	
15	Total Annual Cost to Church (Total of Lines 7-14):	

16 **Study Leave** _____ weeks per year **Minimum is 2 weeks**

17 **Vacation Leave** _____ weeks per year **Minimum is 4 weeks**

18 **Sabbatical Leave** _____ weeks after _____ years

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

We would like a follow up visit from our COM Liaison.

***NOTE: All other financial agreements (e.g. loans, taxable fringe benefits, etc.) must be attached to this form and approved by the minister/educator, congregation, and Commission on Ministry.**

Signature

Cell Phone

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