

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 | _____ |