

Form F-1(I): Call and Compensation for Installed Pastoral Relationships
(Pastor, Co-Pastor, Associate Pastor; see G-2.0504 and G-2.0504a.)

The congregation of _____ located in _____, Florida recommends that these terms of call be
☐ approved or ☐ changed for _____ for their service as our installed ☐ Pastor, ☐ Co-Pastor, or
☐ Associate Pastor.

The congregational meeting making this request was held on _____, and these terms are effective on
_____ (date of or AFTER the meeting (see IRS Pub 517 for information on housing allowance exclusions)).

General Terms

This installed, ☐ full-time (40 hours/week) or ☐ part-time at _____% of full-time or _____ hours/week, position is
for an ☐ indefinite term (or) a ☐ definite term ending on _____ as determined by the presbytery in
consultation with the congregation, and compensation and benefits meet or exceed the minimums established by the
Presbytery of Tampa Bay.

Check one:

- ☐ This call includes full participation in the benefits plan of the PC(USA), described for 2021 by the Board of Pensions as "Pastor's Participation," including pension and medical coverage as required. (G-2.0804).
- ☐ This call is to a minister who is receiving retirement benefits from the Board of Pensions and includes Post-Retirement Service Dues if required.

Optional: In addition to the required coverage, this call also includes participation in the following optional programs offered by the Board of Pensions: _____.

Specific Terms

All entries should be based on annual amounts even if for less than one year= and be rounded to the nearest dollar.

| EFFECTIVE SALARY | | |
|---|---|--|
| <i>For explanations of the items below, please see the Effective Salary Worksheet in Understanding Effective Salary from BoP available at this link. Note: Visit the Presbytery's website for current minimum effective salary.</i> | | |
| 1 | Annual gross cash salary , not excluding employee contributions to 403(b)(9) plans, tax-sheltered annuity plans, and salary reduction contributions to FSAs, HRAs, and cafeteria plans. | |
| 2 | Housing, utility, and furnishings allowances (See "Rental Allowance" in IRS Pub 517) | |
| 3 | Employer contributions to 403(b)(9) plans , tax-sheltered annuity plans, and equity allowances. | |
| 4 | Other – a description of all other financial agreements (e.g. loans, grants, taxable fringe benefits, unvouchered allowances, etc.) must be attached to this form | |
| 5 | Any allowance for Self-Employment Contribution Act (SECA) tax obligations more than 50 percent of the minister's SECA tax obligation. | |
| 6 | Other allowances , including all forms of compensation not otherwise covered on Lines 1-5 (such as medical deductible and medical expense reimbursement allowances not paid through a group benefit plan, and insurance premiums for additional insurance coverage provided for individual employees (not premiums for group plan coverage; see line 9e)). | |
| 7 | Manse amount (must be at least 30 percent of lines 1-6 for members residing in employer-provided housing for Board of Pensions purposes but see "Fair Rental Value of a Parsonage" in IRS Pub 517 for tax reporting requirements.) | |
| 8 | Total effective salary (sum of lines 1-7). Board of Pensions dues, if any, are computed and benefits may be determined based on this amount. | |

| BENEFITS | | |
|--|---|--|
| As required by PC(USA), Presbytery of Tampa Bay, or provided by the employing congregation | | |
| 9 | Board of Pensions Pastors Participation (Transfer amounts from BoP Pastor's Participation Dues Calculator) | |
| 9a | PPO Medical Coverage (29% of Line 8 but no less than \$11,500 and no more than \$35,000) | |
| 9b | Defined Benefit Pension Plan (8.5% of Line 8) | |
| 9c | Death and Disability Plan (1% of Line 8) | |
| 9d | Temporary Disability Plan (0.5% of Line 8) | |
| 9e | Optional BoP Programs (Dental, Vision, etc. offered to all employees in the Benefits Plan) | |
| 10 | BoP Post Retirement Service Dues (if retired minister serves >20hrs/wk, 12% of Line 8) | |
| 11 | Continuing Education accountable reimbursement allowance (min. is \$1200) | |
| 12 | Auto/Professional accountable reimbursement allowance | |
| 13 | Self-Employment Contribution Act (SECA) supplement (up to 50% of the SECA obligations may be included here ((Line 8 - Line 3 - Line 5) * 7.65%); amounts >50% must be included on line 5). <i>Note: SECA supplement is considered part of salary on IRS Form W-2.</i> | |
| 14 | Reimbursements from IRS Section 105 Health Reimbursement Account | |
| 15 | Total Benefits (sum of lines 9-14) | |

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| TOTAL EFFECTIVE SALARY AND BENEFITS (Line 8 + Line 15) | |
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Other items – Note: Study Leave minimum is 2 weeks/year; Vacation minimum is 4 weeks/year

Study Leave _____ weeks per year; up to _____ weeks may be carried over, up to _____ weeks total.

Vacation Leave _____ weeks per year; up to _____ weeks may be carried over, up to _____ weeks total.

Sabbatical Leave _____ weeks after _____ years. (See COM Sabbatical Policy for guidance)

Family Medical Leave of up to 12 weeks as required by the Book of Order (G-2.0804)

For new calls only: The congregation agrees to pay ☐ all moving expenses (or) ☐ moving expenses up to

By signing below, we certify that we agree that the amounts above and any attachments properly reflect the agreement between the minister and congregation and approved by the presbytery through the Commission on Ministry.

Minister

Name Signature Date Contact phone number

Clerk of Session

Name Signature Date Contact phone number

Commission on Ministry Chair

Name Signature Date Contact phone number

Stated Clerk

Name Signature Date Contact phone number