Form F-1: Call and Compensation for Pastoral Relationships & Other Church Service

Return competed forms to statedclerk@pbty.com

TYPE OF POSITION (check one):

	Installed Pastoral Relationship (Pastor	, Co-Pastor, Associate P	astor; see G-2.0504 and G-2.050)4a.)			
	The congregation of	located in	, Florida recommends th	nat these			
	terms of call be \square approved or \square char						
	installed ☐ Pastor, ☐ Co-Pastor, or ☐ Associate Pastor. The congregational meeting making this request						
	was held on and t	hese terms are effective	e on <i>(date of</i>	or AFTER the			
	meeting; see IRS Pub 517 for information	on on housing allowance	e exclusions).				
	${\bf Temporary\ Pastoral\ Relationship}\ (e.g.$	Interim Pastor, Interim	Associate Pastor, Stated Supply,	Parish			
	Associate, Commissioned Pastors; See	G-2.0504b. & COM Polic	y)				
	The session of	located in	, Florida, recommends t	hat these			
	terms of call be \square approved or \square char	nged for	for their service as our	□ Interim			
	Pastor, ☐ Interim Associate Pastor, ☐ Stated Supply, ☐ Parish Associate, ☐ Commissioned Pastor. The						
	session 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).						
	Other Validated or Certified Church Se	arvica la a Drachutary S	taff Church-Related Entity Staff	Cortified			
	Other Validated or Certified Church Service (e.g. Presbytery Staff, Church-Related Entity Staff, Certified Christian Educator (CCE))						
	Christian Educator (CCE))						
	The \square Coordinating Team of the Presbytery OR the session/board of \square						
	located in, Florida, reco						
	for th	neir service as		The 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 \square full-time (40 hours/week) <i>OR</i> part-time (choose one: \square 10 to 15 hours per week (25%), \square 20 to 25						
	hours per week (50%), or \square 30 to 35 hours per week (75%)), position is for an \square indefinite term (or) a \square						
	definite term ending on, and compensation and benefits meet or exceed the minimums						
	established by the Presbytery of Tampa	a Bay. <i>NOTE: All tempor</i>	ary positions must be reviewed (annually (see			
	G-2.0504b).						
	BOARD OF PENSIONS OF THE PC(USA) BENEFIT OPTIONS. Check one:						
	☐ Congregational Pastors Package : Required for all installed pastoral relationships beginning on or after January 1, 2025, and available for temporary pastoral relationships of 20 hours or more weekly.						
	atter January 1, 2025, and available	e for temporary pastoral	relationships of 20 hours or mo	ore weekly.			
	☐ Transitional Pastor's Participation	on: Ordinarily required	for all installed positions enrolle	d in			
	"Pastor's Participation" on Decemb	er 31, 2024; exceptions	will be granted if COM determine	nes that the			
For	m F-1/I)	Page 1 of /		Ray 12/2024			

Congregational Pastors Package will result in savings without a decrease in benefits or effective compensation for the minister.
☐ Covenant Package: Provides pension, income protection and other benefits for temporary pastoral relationships and all other employees working 20 or more hours per week but without medical benefits.
\square "Menu" Plan: A la carte benefits for anyone not eligible for one of the above packages or tailored to a specific situation in consultation with the Commission on Ministry.
☐ This call is to a person already receiving retirement benefits from the Board of Pensions and includes Post-Retirement Service Dues if required.

SPECIFIC TERMS

All entries should be based on annual amounts even if for less than one year and be rounded to the nearest dollar. See the Effective Salary Worksheet in **Understanding Effective Salary** available from BoP at this link (https://www.pensions.org/what-we-offer/employer-quidance/effective-salary) for definitions of terms used in the worksheet below

	EFFECTIVE SALARY						
	For 2025, the Minimum Effective Salary is \$56,459 for all installed, full-time positions. Pro-rate the						
	minimum for all part-time positions.						
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. Note: Voluntary contributions withheld at an employee's request do not						
	need to be reported.						
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 <i>more than</i>						
	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							
	Please transfer amounts from the BoP <u>Decision Guide for Mi</u>	-						
	https://www.pensions.org/decision-guide/) or other Bo	P worksheet						
	9a Pension							
	9b Death and Disability							
	9c Temporary Disability							
	9d Medical (Congregational Pastors Participation Member only OR Transiti	ional total)						
9e Medical (Family members)								
10		· · · · · · · · · · · · · · · · · · ·						
11	,	s \$1200)						
12	Auto/Professional accountable reimbursement allowance							
13	Self-Employment Contribution Act (SECA) supplement (up to 50% of the SI	ECA						
	obligations may be included here ((Lines $1 + 2 + 4 + 6 + 7$) * 7.65%); amount	nts >50%						
	must be included on line 5). Note: SECA supplement is considered part of s	salary on IRS						
	Form W-2.							
14	Reimbursements from IRS Section 105 Health Reimbursement Account							
15	Total Benefits (sum of lines 9-14)							
	TOTAL EFFECTIVE SALARY AND BENEFITS (Line 8 + Line 15)							
OTHER ITEMS								
	Family Medical Leave: 12 weeks (See Book of Order, G-2.0804).							
	Study Leave: weeks per year; up to weeks may be carried							
V	Vacation Leave: weeks per year; up to weeks may be carried							
	Note: Study Leave minimum is 2 weeks/year; Vacation minimum	• •						
S	Sabbatical Leave weeks after years. (See COM Sabbatical Pol	licy for guidance)						
F	For new calls only: The congregation agrees to pay moving expenses up to \$	<u> </u>						
	+ + +							
By signing below, we certify that we agree that the amounts above and any attachments properly reflect the agreement between the minister and congregation or appropriate entity and are recommended for approval by the presbytery through the Commission on Ministry.								
Minister								
Nam	ne Signature Date	Contact phone number						
Clerk of Session (for congregations) or Employer Representative (for other settings)								

Date

Contact phone number

Signature

Name

By signing below, we certify that the terms reported above have been approved by the Commission on Ministry on behalf of the Presbytery of Tampa Bay.

Commission on Ministry Chair								
Name	 Signature	 Date	Contact phone number					
		Stated Clerk						
Name	Signature	 Date	Contact phone number					