

Form F-1: 2010 Compensation Form
Committee on Ministry – Presbytery of Tampa Bay

The _____ Presbyterian Church, located in _____, Florida, Presbytery of Tampa Bay, 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 effective date is _____.

Check all that apply: Pastor, Co-Pastor, Associate Pastor, Certified Christian Educator, Associate Certified Christian Educator, Designated Pastor, Stated Supply, Interim Pastor, Interim Associate Pastor, Parish Associate, Commissioned Lay Pastor, Other: _____.

Full-time (50 hours per week on duty), Part-time (_____ number of hours per week)
 The church will pay all moving expenses (or) expenses up to \$_____.

See COM Policy 17 for detail definitions of the following categories.

- Line 1:** \$ _____ **Annual Cash Salary:** regular payroll, salary supplements
- Line 2:** \$ _____ **Housing Allowance:** utilities, mortgage payments, real estate taxes
- Line 3:** \$ _____ **Deferred Income:** IRS 403b Plan, Retirement Savings Plan
- Line 4:** \$ _____ **Special:** dental or life insurance, unvouchered allowances, loans*
- Line 5:** \$ _____ **Medical/Misc:** IRS 125 Plan contributions only
- Line 6:** \$ _____ **Fair Rental Value of Manse:** must be at least 30% of Lines 1–5
- Line 7:** \$ _____ **Total Effective Salary:** Lines 1-6 *Minimum is \$39,000*
- Line 8:** \$ _____ **Board of Pensions Dues:** 31.5% of Line 7 (for full-time positions)
- Line 9:** \$ _____ **Continuing Education:** study leave expenses *Minimum is \$1,200*
- Line 10:** \$ _____ **Auto/Professional:** business expenses, auto vouchers at IRS mileage rate
- Line 11:** \$ _____ **Social Security:** 7.65% of Lines 1+2+4+5+6
- Line 12:** \$ _____ **Medical:** IRS 105 Plan reimbursements only
- Line 13:** \$ _____ **Total Cost to Church:** Lines 7-13
- Line 14: Study Leave:** _____ weeks per year *Minimum is 2 weeks*
- Line 15: Vacation Leave:** _____ weeks per year *Minimum is 4 weeks*
- Line 16: Sabbatical Leave:** _____ weeks after _____ years

*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 Committee on Ministry.

<u>Signature</u>	<u>Cell Phone</u>
_____ Minister/Educator/Candidate	() _____
_____ Search/Personnel Committee Chair	() _____
_____ Clerk of Session	() _____
_____ Committee on Ministry Chair	() _____
_____ Stated Clerk	() _____