

Form F-1: 2015 Compensation and Call Form
Commission on Ministry – Presbytery of Tampa Bay

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 _____. If this is a Pastor with a Designated Term, Temporary Supply, Interim Pastor, Parish Associate, it is a temporary position, and is approved until _____.

Check all that apply: ☐ Pastor ☐ Co-Pastor ☐ Associate Pastor ☐ Certified Christian Educator
☐ Stated Supply ☐ Interim Pastor ☐ Interim Associate Pastor ☐ Parish Associate
☐ Commissioned Ruling Elder ☐ Other: _____.
☐ Full-time (50 hours/week) ☐ Part-time _____% of full-time (or) _____ number of hours/week.
☐ Designated Term ☐ Indefinite Term
☐ The church will pay ☐ all moving expenses (or) expenses up to \$_____.

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 \$42,656
Line 8:	\$ _____	Pension Dues/Full-time Positions: (35% of Line 7) (23% Medical Plan Dues and 11% Pension Dues and 1% Disability)
Line 8a:	\$ _____	Additional 1.5% Family Medical Dues
Line 8:	\$ _____	Pension Dues/Part-time Positions: (consult Board of Pensions)
Line 8:	\$ _____	Pension Dues/Post-Retirement Service less than 20 hrs/wk: (\$0)
Line 8:	\$ _____	Pension Dues/Post-Retirement Service 20 hrs/wk or more: (12% of Line 7)
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 Commission on Ministry.

Signature

Cell Phone

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