

Form F-1: 2019 Compensation and Call Form
Commission on Ministry – Presbytery of Tampa Bay
Return to Stated Clerk within 2 weeks of approval: statedclerk@pbty.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 (formerly CRE) (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 \$45,050 (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 \$_____. (now taxable)

We would like a follow up visit from our COM Liaison.

***NOTE:** All other financial agreements (loans, etc.) must be attached to this form and approved by the minister, congregation, and Commission on Ministry. This usually includes any Optional Board Programs if the pastor is not the only full time employee.

Signature

Cell Phone

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