## <u>Presbytery of Kiskiminetas – Reporting Form for 2018 Terms of Call</u> This form is MANDATORY for all Installed Pastors

**NOTE**: This form shall be used to certify that the Annual Consultation on the Adequacy of the Salary of the Pastor has been held AND ALSO to request Presbytery approval for Changes in the Terms of Call. After the congregation has taken action on the new terms, even if there are no changes in terms, return one copy (signed by both pastor and Clerk of Session) to the Presbytery office, in order to certify that the consultation was held and that action and acceptance is approved. G-2.0804

\_....

| CHURCH                                       | PASTOR                       | \                  |          |
|--|------------------------------|--------------------|----------|
| Date of Congregational Meeting where         | terms were approved:         |                    |          |
| Percent of full time served                  | % (2017)                     |                    | % (2018) |
| Use the enclosed spreadsheets to calcu       | late these figures:          |                    |          |
| Salary:                                      | \$                           |                    |          |
| Housing:                                     | \$                           |                    |          |
| Deferred Income (403b, etc.)                 | \$                           | <del></del>        |          |
| Manse Value                                  | \$                           |                    |          |
| Social Security Allowance:                   | \$                           |                    |          |
| Effective Salary                             | \$                           |                    |          |
| BENEFITS                                     |                              |                    |          |
| Major Medical                                | _\$                          |                    |          |
| Pension                                      | _\$                          |                    |          |
| Death/Disability                             | _\$                          |                    |          |
| BOP TOTALS                                   | \$                           |                    |          |
| <b>Professional and Administrative Reimb</b> | oursements:                  |                    |          |
| Optical/Dental                               | \$                           | <del> </del>       |          |
| Group Term Life Ins Prem                     | \$                           | ·                  |          |
| Med. Deduct. Reimb. (individual)             | _\$                          | <del> </del>       |          |
| Health Reimb. Acct. (IRS sec. 105)           | _\$                          |                    |          |
| Employer Match Contrib. for RSP              | _\$                          |                    |          |
| Continuing Education:                        | \$                           |                    |          |
| Travel Reimbursement:                        | \$                           |                    |          |
| Book/Subscription Reimb.                     | _\$                          |                    |          |
| Professional Exp. Reimb.                     | <u>\$</u>                    |                    |          |
| Other:                                       | \$                           |                    |          |
| Was a Study Leave taken during the yea       | ar 2017? Yes                 | _ No               |          |
| If no study leave (or only part of the stu   | dy leave) was taken, was it: |                    |          |
| 1) recorded on the Session Minutes           |                              | year , or          |          |
| 2) passed up                                 |                              |                    |          |
| Signed                                       | Signed                       |                    |          |
| (Pastor)                                     |                              | (Clark of Session) |          |

THIS FORM MUST BE SIGNED AND RETURNED TO THE PRESBYTERY OFFICE BY DEC 31<sup>st</sup>!