

2024 Presbytery of South Louisiana

Terms of Service for an Ordained PCUSA Pastor in Temporary Service

The _____ Presbyterian Church (USA) of (location) _____ belonging to the Presbytery of South Louisiana, being well satisfied with your qualifications for ministry and confident that we have been led to you by the Holy Spirit as one whose service will be profitable to the spiritual interests of our church and fruitful for the Kingdom of our Lord, earnestly and solemnly calls you (name) _____ to undertake the office of _____ this congregation
 That you may be free to devote yourself _____ Full-time (35 hours per week or more, according to the Board of Pensions) _____ Part-time _____ (number of hours per week) to the ministry of the Word and Sacrament among us, we promise and obligate ourselves to pay you the amounts below:

Service: <input type="checkbox"/> Interim <input type="checkbox"/> Transitional <input type="checkbox"/> Stated Supply <input type="checkbox"/> Other	The length of this term is _____
Is the pastor retired? <input type="checkbox"/> Yes <input type="checkbox"/> No	from _____ to _____

INCOME

(Income subject to SECA calculation)

1. Annual Cash Salary	\$ _____	
2. Housing /Utilities/Manse	\$ _____	
3. Total SECA Income (Add lines 1+2):		\$ _____

(Income NOT subject to SECA)

4. Deferred Compensation (eg. 403(b) employee contributions, etc)	\$ _____	
5. Other (specify) _____	\$ _____	

6. TOTAL EFFECTIVE SALARY (Add lines 3+4+5):	\$ _____
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BENEFITS AND PENSION

please use the BOP compensation calculators to determine the most accurate amounts for a. and b. below
<https://www.pensions.org/what-we-offer/employer-guidance/calculators>

7. CHOOSE ONE OF THE FOLLOWING 4 OPTIONS: (see accompanying worksheet for eligibility criteria)

a. Paid to Board of Pensions for Pastor's Participation plan	\$ _____
b. Paid to Board of Pensions for Minister's Choice plan	\$ _____
c. Paid to Board of Pensions for Individual Benefit Choices Plan*	\$ _____
d. Paid to Board of Pensions for Post-Retirement Service Dues*	\$ _____

*See guidance notes to determine these amounts

8. Paid to Board of Pensions for Optional Benefits (specify...eg. Dental etc.) _____	\$ _____
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9. TOTAL PAID TO THE BOARD OF PENSIONS (Add lines 7+8):	\$ _____
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ALLOWANCES:

10. SECA tax allowance, up to 50% (7.65% x line 3)	\$ _____
11. Other Allowances (specify)(eg. Employer 403(b) match) _____	\$ _____

12. TOTAL ALLOWANCES (Add lines 10+11):	\$ _____
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