

2024 Presbytery of South Louisiana Terms of Service for Commissioned Pastors and Others

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 (promising you in the discharge of your duty all proper support, encouragement, and allegiance in the Lord.)

That you may be free to devote yourself to the ministry of Jesus Christ for which you were commissioned, we promise and obligate ourselves to pay you the amounts below, for the following hours of work:

Full-time (35 hours per week or more) or Part-time _____ (Number of hours per week)

Type of Service: CP Other

Other _____

The length of this term is _____,
from _____
to _____.

INCOME

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

(Income Not subject to SECA tax)

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

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

Call the Board of Pensions at 800-773-7752 to develop benefit options.

7. Paid to Board of Pensions for Optional Benefits (specify) _____	\$ _____
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8. TOTAL PAID TO THE BOARD OF PENSIONS:	\$ _____
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ALLOWANCES:

9. Allowances (specify) <i>(eg. Employer 403(b) match)</i> _____	\$ _____
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10. TOTAL ALLOWANCES:	\$ _____
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11. TOTAL COMPENSATION (Add lines 6+8+10):	\$ _____
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REIMBURSABLE EXPENSES:

12. Automobile	\$ _____
13. Continuing Education (minimum \$250.00)	\$ _____
14. Professional	\$ _____
15. Other (specify) <i>e.g cell phone</i> _____	\$ _____

16. TOTAL REIMBURSABLE EXPENSES BUDGETED (Add lines 12+13+14+15):	\$ _____
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17. TOTAL COST TO CHURCH (Add lines 11+16):	\$ _____
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OTHER BENEFITS:

Vacation _____ weeks (PSL minimum of 4 weeks *For 1 year contracts)

Study leave _____ weeks (PSL minimum of 2 weeks *For 1 year contracts)

Other Provisions (specify) _____

APPROVAL:

The members of this session, in a session meeting on _____ (date), reviewed the terms and approved these terms of service for _____, effective _____ (date).

The Terms of Service will be reviewed for renewal at least yearly after a performance review, unless specifically changed by a vote of the session. For tax purposes, changes are effective on the date they are approved by the session. They are not retroactive, so please act promptly.

Clerk of Session or Congregational Witness Date

Commissioned Pastor or Other Worship Leader Date

COM Moderator or General Presbyter Date