

2026 Presbytery of South Louisiana

Terms of Call for an Installed Pastor, CoPastor or Associate Pastor

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, earnestly and solemnly calls you (name) _____
 to undertake the office of _____ 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:

INCOME

(Income subject to SECA calculation)

- | | | |
|-----------------------------|----------|----------|
| 1. Annual Cash Salary | \$ _____ | |
| 2. Housing /Utilities/Manse | \$ _____ | |
| 3. Total SECA Income | | \$ _____ |

(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): | \$ |
|--|----|

Board of Pensions Benefits: (G-2.0804)

For BOP Benefits options, please call BOP rep Kevin Keaton (215 435 1301)
 or visit <https://www.pensions.org/decision-guide/>

- | | | |
|---|----------|--|
| 7. Paid to Board of Pensions for Pension, Medical, & Death and Disability | \$ _____ | |
| (Please describe BOP benefits plan offered) _____ | | |

- | | | |
|---|----------|--|
| 8. Paid to Board of Pensions for Optional Benefits (eg. Vision, Dental etc) | \$ _____ | |
|---|----------|--|

| | |
|---|----|
| 9. TOTAL PAID TO BOARD OF PENSIONS (Add lines 7+8): | \$ |
|---|----|

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): | \$ |
|---|----|

REIMBURSABLE EXPENSES:

- | | | |
|--|----------|--|
| 13. Automobile | \$ _____ | |
| 14. Continuing Education (minimum \$500.00) | \$ _____ | |
| 15. Professional | \$ _____ | |
| 16. Other (specify) eg. Cell phone, Reimbursed Moving Expenses | \$ _____ | |

| | |
|---|----|
| 17. TOTAL REIMBURSABLE EXPENSES BUDGETED (Add lines 13+14+15+16): | \$ |
|---|----|

| | |
|---|----|
| 18. TOTAL COST TO CHURCH (Add lines 6+9+12+17): | \$ |
|---|----|

OTHER BENEFITS:Vacation _____ weeks (*PSL minimum of 4 weeks/year*)Study leave _____ weeks (*PSL minimum of 2 weeks/year*)

Other (specify) _____

ADDITIONAL AGREEMENTS:

Family Leave: Should the need arise; this call includes provision for a minimum of twelve weeks of paid family medical leave. During Paid Leave, the pastor will continue to receive all benefits in these terms of call, including dues paid to and benefits provided by the Board of Pensions. Use of vacation time is not required but may be used to extend leave time at your discretion. Examples of Medical Leave include: Parental Leave; Caregiver/Family Leave; Personal Loss. (G-2.0804) For further information, please see the PSL Family Leave Policy, approved 06/2024.

Severance: In the event that this pastoral relationship should be dissolved without the pastor having received a call to other work, the Session agrees to Severance Pay with full salary and benefits (excluding reimbursable expenses) for a period of at least three months beginning the day the pastoral relationship is declared to be dissolved by the Committee on Ministry of the Presbytery of South Louisiana. If the pastor receives another call or other full-time employment, this Severance Pay shall stop on the day the other full-time employment begins. The Session understands this provision for Severance Pay may be waived at its request with the approval of the Committee on Ministry in the event of disciplinary action or pending disciplinary action against the pastor.

APPROVAL:

The members of this congregation, in a congregational meeting on _____ (date), reviewed and approved the above terms of call for _____, effective _____ (date).

The terms of this call will be renewed at the beginning of each calendar year after an annual review, unless specifically changed by a vote of the congregation. For tax purposes, changes are effective on the date they are approved by the congregation at a congregational meeting. They are not retroactive, so please act promptly.

Clerk of Session or Congregational Witness_____
Date_____
Teaching Elder_____
Date_____
COM Moderator or General Presbyter_____
Date