

Presbytery of South Louisiana
2022
Terms of Call for an Installed Pastor or Associate Pastor

The _____ Presbyterian Church (USA) of (location) _____ be-
 longing 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 _____ 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 *less common forms of income)*

- | | | |
|--|----------|--|
| 4. Deferred Compensation (<i>eg. 403(b) employee contributions, etc</i>) | \$ _____ | |
| 5. SECA Tax Allowance in excess of 50% | \$ _____ | |
| 6. Other (specify) _____ | \$ _____ | |

7. TOTAL EFFECTIVE SALARY (Add lines 3+4+5+6):	\$ _____
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MEDICAL AND PENSION (Pastor's Participation Dues): (G-2.084)

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

- | | | |
|---|----------|--|
| 8. Paid to Board of Pensions for Pension, Medical, & Death and Disability | \$ _____ | |
| 9. Paid to Board of Pensions for Optional Benefits (specify) (<i>eg. Vision, Dental etc...</i>) | \$ _____ | |

10. TOTAL PAID TO BOARD OF PENSIONS (Add lines 8+9):	\$ _____
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ALLOWANCES:

- | | | |
|---|----------|--|
| 11. SECA tax allowance, up to 50% (<i>7.65% x line 3</i>) | \$ _____ | |
| 12. Other Allowances (specify) <i>eg. Employer 403(b) match</i> | \$ _____ | |

13. TOTAL ALLOWANCES (Add lines 11+12):	\$ _____
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REIMBURSABLE EXPENSES:

- | | | |
|---|----------|--|
| 14. Automobile | \$ _____ | |
| 15. Continuing Education (minimum \$500.00) | \$ _____ | |
| 16. Professional | \$ _____ | |
| 17. Other (specify) <i>eg. Reimbursed Moving Expenses</i> | \$ _____ | |

18. TOTAL REIMBURSABLE EXPENSES BUDGETED (Add lines 14+15+16+17):	\$ _____
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19. TOTAL COST TO CHURCH (Add lines 7+10+13+18):	\$ _____
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