



Vitality in Ministry Commission Pastoral Call Form

Church: _____

Position: _____

_____ Indefinite Period OR _____ Designated term for a period of _____ years

Effective starting date of _____

_____ Full Time OR _____ Part time at _____ percent or _____ hours per week

We feel called by the Holy Spirit to extend a call and promise you support and encouragement in your pastorate. We also promise and oblige ourselves to provide the following annual compensation as Minister of Word and Sacrament.

***Bold items are required to be filled out**

I. Total Effective Salary

A. ***Cash Salary** _____ \$

(Include employee designated contributions to 403(B) plans, tax-sheltered annuity plans, and bonuses. Identify and list amounts. 2025 minimum terms are \$64,200 and is pro-rated for less than full time)

B. ***Housing/ Utilities/ Furnishing Allowance** _____

(Must be declared in advance.)

\$ _____

C. Employing organization contributions to 403(b)(9) plans, tax-sheltered annuity plans, and equity allowances. _____

\$ _____

D. Other allowances _____

(Include co-payment for medical expenses, and reimbursement of SECA in excess of 50%. Do not include expenses reimbursed through vouchers. Identify and list amounts.)

Dental: \$ _____

Medical: \$ _____

SECA over 50% \$ _____

E. ***Manse amount (if applicable)** _____

\$ _____

F. TOTAL ANNUAL EFFECTIVE SALARY (ES) _____

(Equals the sum of lines A -E. Board of Pension dues are computed, and benefits determined on this amount.)

\$ _____

G. Benefit Plan Dues FULL _____

(Please consult BOP Benefits Calculator:

<https://www.pensions.org/decision-guide/>)

\$ _____



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II. Vouchered Reimbursable Expenses and Allowances

- A. ***Auto– IRS rate prevailing at the time expense is incurred** \$ _____
- B. ***Professional development (\$1,500)** \$ _____
- C. SECA Offset (50% or less.) \$ _____
(SECA offset greater than 50% MUST be included in calculating Effective Salary.)
- D. Books and other professional expenses. \$ _____
- E. Other vouchered/ reimbursable expenses and allowances
(Identify and list the amounts.) \$ _____
- _____ \$ _____
- _____ \$ _____
- _____ \$ _____
- F. Moving costs and expenses – Full \$ _____

III. Non-monetary terms of call *(Please explain if different than those listed below.)*

- A. Thirty (30) days of paid vacation, to include four (4) Sundays _____
- B. Fourteen (14) days of professional development time, to include two (2) Sundays and may accumulate for three (3) years. _____
- C. Follow NCCP Policy of Family and Medical Leave (TBD) (YES or NO) _____
- D. Follow NCCP guidelines on Sabbatical Leave (YES or NO) _____

Notes:

We further promise and oblige ourselves to review the adequacy of this compensation annually.

Attested *(Two signatures required – typically the PNC Moderator and Clerk of Session)*

Signature: _____
Name/ Title: _____
Date: _____

Signature: _____
Name/ Title: _____
Date: _____

As moderator of the congregational meeting where this call was extended, I certify the call has been made according to the Book of Order.

Signature: _____
Name/ Title: _____
Date: _____



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Certification of Call

BY CANDIDATE:

This certifies that I have received and accepted the call.

Signature:

Name:

Date:

BY THE PRESBYTERY OF NORTH CENTRAL CALIFORNIA (through the Vitality in Ministry Commission)
As Chair of the Presbytery of North Central California Vitality in Ministry Commission or their designated representative, I certify the call has been reviewed and approved by VIM and will be presented at the next Presbytery Stated Meeting.

Signature:

Name of VIM Chair:

Date:

As Stated Clerk of the Presbytery of North Central California or their designated representative, I certify the contract has been reviewed and approved by VIM as authorized by the Presbytery.

Signature:

**Name of
NCCP Stated Clerk:**

Date:
