



## 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. 2026 minimum terms are \$65,935 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 <b>(\$1,500)</b>	\$ _____
C. SECA Offset (50% or less.) <i>(SECA offset greater than 50% MUST be included in calculating Effective Salary.)</i>	\$ _____
D. Books and other professional expenses.	\$ _____
E. Other vouchered/ reimbursable expenses and allowances <i>(Identify and list the amounts.)</i>	\$ _____ \$ _____ \$ _____
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 (YES or NO)	_____
D. Follow NCCP guidelines on Sabbatical Leave (YES or NO)	_____

#### Notes:

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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:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Name/ Title:** \_\_\_\_\_

**Name/ Title:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**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:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Name/ Title:** \_\_\_\_\_

**Name/ Title:** \_\_\_\_\_

**Date:** \_\_\_\_\_



## Vitality in Ministry Commission Pastoral Call Form

### Certification of Call

#### BY CANDIDATE:

This certifies that I have received and accepted the call.

**Signature:**

**Name:**

**Date:**

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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:**

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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:**

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