



## 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/>)

\$ \_\_\_\_\_



## Vitality in Ministry Commission Pastoral Call Form

### 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 (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:** \_\_\_\_\_



## 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:**

---

---

---

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:**

---

---

---