

2025 Presbytery of South Louisiana

Terms of Service for an Ordained PCUSA Pastor in Temporary Service

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 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
 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:
 The length of this term is _____, from _____ to _____

Form of Service: Commissioned Pastor Interim/Transitional Stated Supply From other Denomination
 Is the pastor retired? Yes No Other

INCOME

(Income subject to SECA calculation)

- 1. Annual Cash Salary \$ _____
- 2. Housing /Utilities/Manse \$ _____
- 3. Total SECA Income (Add lines 1+2): \$ _____

(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): \$ _____

BENEFITS AND PENSION

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

7. CHOOSE ONE OF THE FOLLOWING 4 OPTIONS:

- a. Paid to Board of Pensions for Congregational Pastors plan \$ _____
(Please describe BOP Coverage plan offered) _____
 - b. Paid to Board of Pensions for Covenant plan \$ _____
 - c. Paid to Board of Pensions for Post-Retirement Service Dues \$ _____
 - d. No benefits provided \$ _____
8. Paid to Board of Pensions for Optional Benefits \$ _____
 (specify...eg. Vision, Dental etc.) _____

9. TOTAL PAID TO THE 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 \$250.00)	\$ _____
15. Professional	\$ _____
16. Other (specify) <i>e.g cell phone, Reimbursed Moving Expenses</i>	\$ _____

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 *For 1 year contracts)	
Study leave _____ weeks (PSL minimum of 2 weeks *For 1 year contracts)	
Other (specify) _____	
APPROVAL:	
The members of this session, in a session meeting on _____ (date), reviewed and approved the above terms of service for _____, effective _____ (date).	
The Terms of Service will be reviewed for renewal at least yearly after a performance review, unless specifically changed by a vote of the session. For tax purposes, changes are effective on the date they are approved by the session. They are not retroactive, so please act promptly.	
ADDITIONAL AGREEMENTS	
<p>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.</p>	

_____	_____	_____	_____
Clerk of Session or Congregational Witness	Date	Teaching Elder	Date

COM Moderator or General Presbyterian Date