

2024 TERMS OF CALL WORKSHEET - PASTORAL COMPENSATION

A SALARY

A1 Base Salary
(Presbytery Minimum \$29,269) \$ _____

A2 Experience Factor -
\$250 per year up to 10 years \$ _____

A3 Total Base Salary
(Lines A1 & A2) \$ _____

A4 Deferred Compensation, IRA, Annuities,
Other Non-Reimbursable Allowances (*Do not
include expenses reimbursed w/vouchers*) \$ _____

A5 Total Salary (Lines A3 + A4) \$ _____

B HOUSING

B1 Utilities Allowance (optional) \$ _____

B2 Housing Allowance - (When manse is not
provided, churches are urged to provide
adequate allowance.) (Presbytery Minimum \$8,781) \$ _____

OR

OR

B3 Manse Equivalent - 30% of total salary (A5) **plus**
any other allowances if provided for housing (B1).
When manse is provided, this is not a cash payment,
but a manse equivalent for determining Pension Dues.
(Lines A5 + B1 x .30) \$ _____

B4 Total Housing (B1 + B3 or B1 + B2) \$ _____

C EFFECTIVE SALARY

C1 Total Salary & Housing (A5 + B4) \$ _____

BENEFITS

D SOCIAL SECURITY EQUIVALENT

D1 Effective Salary x .0765 \$ _____
(Line C1 x .0765)

REIMBURSEMENT PLAN EXPENSES

E **PROFESSIONAL EXPENSES** - (accountable reimbursement plan)
(Presbytery Minimum – Auto Expense, etc. - \$3,580.00) \$ _____

F **PROFESSIONAL DEVELOPMENT** - (accountable reimbursement plan)
(Presbytery Minimum - Continuing Ed & Book Allowance, \$1,250.00) \$ _____

G **OTHER REIMBURSABLE ACCOUNTS** \$ _____

H **TOTAL COMPENSATION** \$ _____
(Lines C1 + D1 + E + F+G)

ADDITIONAL BENEFITS (I, J K and *L REQUIRED) (*If you are installed)

I **VACATION** (Presbytery Minimum 4 weeks) _____

J **STUDY LEAVE** (Presbytery Minimum 2 weeks) _____

K **12 Weeks of Paid Family Medical** leave for the following: _____

- to accommodate the birth, foster placement or adoption of a child
- to provide care to an ill or disabled family member, and
- to heal following a loss or tragic event

L **PRESBYTERIAN PENSION/MEDICAL INSURANCE** \$ _____
Effective Salary x .39 (Line C1 x .39)

(If Line C1 is \$43,105 or less for 2024],

use the BOP minimum to calculate as follows:

\$43,105 x .29 [Medical] \$12,500.00 _____

Line C1 x .085 [Pension] _____

Line C1 x. .01 [Death and Disability] _____

Line C1 x .005 [Temporary Disability] _____

Enter total of these on line L to the right.)

You are advised to go to the BOP dues calculator at www.pensions.org to verify your figures.

**BOP offers other benefits that, if chosen, will be billed in excess of the 39%.

Payroll deductions will need to be set up to reimburse the church for these charges,
unless the church has included such additional benefits in the terms of call.

M **SABBATICAL LEAVE** _____

TOTALS

N **TOTAL COST TO CHURCH (Housing Allowance)** \$ _____
(Lines H + L)

O **TOTAL COST TO CHURCH (With Manse)** \$ _____
(Line H - B3 + Line L)