

**PLEASE RETURN BY APRIL 30, 2026**

**2026 MINISTER'S SALARY AND COMPENSATION REPORT AND  
REQUEST FOR CHANGES IN TERMS OF MINISTER'S CALL**

\_\_\_\_\_ Presbyterian Church of \_\_\_\_\_ for the ministerial  
service of \_\_\_\_\_ (Pastor).

COMPENSATION DESCRIPTION	TERMS OF CALL	
	2025	2026
A. BASE SALARY	\$ _____	\$ _____
B. ANY DEFERRED COMPENSATION Ira's, Annuities, Etc.	\$ _____	\$ _____
C. UTILITIES ALLOWANCE	\$ _____	\$ _____
D. HOUSING ALLOWANCE or MANSE EQUIVALENT	\$ _____ or \$ _____	\$ _____ \$ _____
E. SOCIAL SECURITY EQUIVALENT	\$ _____	\$ _____
F. PROFESSIONAL EXPENSES (Including travel)	\$ _____	\$ _____
G. PROFESSIONAL DEVELOPMENT Continuing Education and Book Allowances	\$ _____	\$ _____
H. ANY OTHER ALLOWANCES	\$ _____	\$ _____
	\$ _____	\$ _____
<b>Total</b>	<b>\$ _____</b>	<b>\$ _____</b>

**(Other Benefits on Reverse Side)**

OTHER BENEFITS (I, J K and L REQUIRED) Place a Check on the Line Below If Provided

I.	Four Weeks Vacation Time Annually with Pay	_____	_____
J.	Two Weeks Continuing Education Time Annually with Pay	_____	_____
K.	12 Weeks of Paid Family Medical Leave for the following:	_____	_____
	<ul style="list-style-type: none"> <li>• to accommodate the birth, foster placement, or adoption of a child</li> <li>• to provide care to an ill or disabled family member, and</li> <li>• to heal following a loss or tragic event.</li> </ul>		
L.	Presbyterian Pension/Medical Insurance (If you are installed)	_____	_____
	1) Using Transitional Pastor's Participation	_____	_____
	2) Using Congregational Pastors Package		
	Member Only Coverage	_____	_____
	Member & Children Coverage	_____	_____
	Member & Spouse Coverage	_____	_____
	Member & Family Coverage	_____	_____
M.	Sabbatical Leave	_____	_____

PLEASE RETURN TO:

**THE COMMISSION ON MINISTRY  
ATTN: LISA PRESSLEY  
114 SILVER CREEK ROAD  
MORGANTON, NC 28655**