

# Pastoral Call Form

## Presbytery of Missouri River Valley, Presbyterian Church (USA)

The \_\_\_\_\_ Church of \_\_\_\_\_ (Church PIN \_\_\_\_\_),  
(Name of Church) (Denomination) (Location)  
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, \_\_\_\_\_, of or under the care of \_\_\_\_\_  
(Name) (Name of Presbytery)  
\_\_\_\_\_ Presbytery, to undertake the office of \_\_\_\_\_ of this congregation,  
(Candidate is coming from) (Pastor, Associate Pastor, etc.)  
beginning \_\_\_\_\_, promising you in the discharge of your duty all proper support, encouragement and  
(Date)  
allegiance in the Lord. That you may be free to devote \_\_\_\_\_ to the ministry of the Word and Sacrament  
(full time or # of hours)  
among us, we promise and obligate ourselves to provide you the following annually:

### COMPENSATION

- |  |          |
|--|----------|
| <b>1. Cash Salary</b>  | \$ _____ |
| <b>2. Housing, utility and furnishing allowance</b> ( <i>unless manse provided</i> )   | \$ _____ |
| <b>3. Church contributions to Deferred Compensation</b> ( <i>403b, 125 plan, etc</i> )   | \$ _____ |
| <b>4. Bonuses, overtime pay, unvouchered professional or manse equity allowance</b>  | \$ _____ |
| <b>5. Other allowance</b> ( <i>Medical deductible/expenses reimbursement other than group Plan, compensation given over 50% of SECA Tax obligation</i> ) | \$ _____ |
| <b>6. Manse amount</b> ( <i>Must be at least 30% of 1-5 if living in church Manse</i> )  | \$ _____ |
| <b>7. Total Effective Salary</b> ( <i>Sum of Lines 1-6</i> )   | \$ _____ |

### BENEFITS

#### Board of Pensions:

- |   |          |
|---|----------|
| <b>Medical, pension, disability, and death benefit coverage</b>                           | \$ _____ |
| <b>Professional reimbursable expenses:</b> ( <i>vouchered</i> )                           | \$ _____ |
| <b>Travel expense at the IRS rate</b>   | \$ _____ |
| <b>Continuing Education reimbursement</b>   | \$ _____ |
| Other allowances: Book, Dues, Other Benefit coverage                                      | \$ _____ |
| Compensation given for SECA Tax if less than 50% obligation                               | \$ _____ |
| <b>Moving expenses</b>  | \$ _____ |
| <b>Paid vacation leave of four weeks annually</b>   |          |
| <b>Paid continuing education leave of two weeks annually (cumulative up to six weeks)</b> |          |

**Note:** Items above that are in bold typeface are required. Others are optional.)

*The congregation has considered the above selection in accordance with principles in conforming with equal employment opportunity and affirmative action for members of racial ethnic groups, for women, for various age groups, for persons regardless of marital condition (married, single, widowed, or divorced), and for persons with disabilities.*

If an allegation of sexual abuse (D-10.0401) or civil/criminal charges against \_\_\_\_\_ is received, the Presbytery of Missouri River Valley, through its Committee on Ministry, shall:

a. arrange immediately for the supervision of the pastor to ensure that the pastor is not placed in any unsupervised settings of the type the allegations claim led to the purported abuse;

b. conduct an immediate investigation to determine whether the best interests of the congregation and of potential victims of abuse, considered in light of the nature and probable truth of the allegations, warrant a leave of absence or other restrictions upon the pastor's service, and after determining that a leave of absence, continued supervision, or other restriction upon the pastor's service is required, and

c. after the pastor is given the opportunity to be heard, and after consultation with the session, direct that the pastor be placed on such a leave of absence or other restriction of service. The pastor has the right to challenge any limitations imposed on his or her ministry (D-6.0202a)

*We promise and obligate ourselves to review with you annually the adequacy of this compensation. In testimony whereof we have subscribed our names this \_\_\_\_ day of \_\_\_\_ (month), \_\_\_\_ (year)*

(Signed) \_\_\_\_\_  
Clerk of Session or Congregational Meeting PNC Chair

*Having moderated the congregational meeting which extended this call for ministerial services, I do certify that the call has been made in all respects according to the rules laid down in the Form of Government, and that the persons who signed the foregoing call were authorized to do so by vote of the congregation.*

(Signed) \_\_\_\_\_, Moderator of the Congregational Meeting

**CERTIFICATION OF CALL**

**By Candidate**

This is to certify that I have received and accepted this call.

Date of Acceptance \_\_\_\_\_ (Signed) \_\_\_\_\_

*Please send 4 Original forms with signatures: to the Presbytery Office  
2 will be returned to the Church for Pastor and Church Records*

**By the Presbytery of Missouri River Valley**

This call was approved by the **Presbytery of Missouri River Valley**, through action taken by its Committee on Ministry as authorized by G-3.0307.

Date of Action \_\_\_\_\_ (Signed) \_\_\_\_\_, COM  
Chairperson

Date of Action \_\_\_\_\_ (Signed) \_\_\_\_\_, Stated Clerk

**By Presbytery of Care or Present Call**

This call has been reviewed by the Committee on Ministry or (Preparation for Ministry). The Committee recommends that the Presbytery release \_\_\_\_\_ to accept this call.  
(Name)

Date of Action \_\_\_\_\_ (Signed) \_\_\_\_\_, Chairperson

The Presbytery of \_\_\_\_\_ hereby releases \_\_\_\_\_  
(Presbytery Name) (Name)

to accept this call and therefore has placed this call in the minister's hands.

Date of Action \_\_\_\_\_ (Signed) \_\_\_\_\_, Stated Clerk