

Pastoral Call Form (2009)

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) (Presbytery)
_____ Presbytery, to undertake the office of _____ of this congregation,
(Name) (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 percentage)
among us, we promise and obligate ourselves to provide you the following annually:

- | | |
|---|----------|
| 1. Cash Salary | \$ _____ |
| 2. Housing, utility and furnishing allowance (unless manse provided) | \$ _____ |
| 3. Church contributions to Deferred Compensation (403b, 125 plan, etc) | \$ _____ |
| 4. Bonuses, overtime pay, unvouchered professional or manse equity allowance | \$ _____ |
| 5. Other allowance (Medical deductible/expenses reimbursement other than group Plan, compensation given over 7.65% of SECA Tax obligation) | \$ _____ |
| 6. Manse amount (Must be at least 30% of 1-5 if living in church Manse) | \$ _____ |
| Total Effective Salary (Sum of Lines 1-6 with full time minimum is \$40,640) | \$ _____ |

Board of Pensions:

- | | |
|---|----------|
| Medical, pension, disability, and death benefit coverage (31.5% of Effective salary) | \$ _____ |
| Additional benefits (e.g. optional dental, optional death benefits, etc) | \$ _____ |
| Professional reimbursable expenses: (vouchered) | \$ _____ |
| Travel expense at the IRS rate (up to a maximum of:) | \$ _____ |
| Continuing Education reimbursement (minimum is \$980) | \$ _____ |
| Other allowances: Book, Dues, Other Benefit coverage | \$ _____ |
| Compensation given for SECA Tax up to 7.65% of cash salary | \$ _____ |
| Moving expenses | \$ _____ |

Paid vacation leave of four weeks annually or addition of ___ weeks

Paid continuing education leave of two weeks annually (cumulative up to six weeks)

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 (G-13.0201b).

If an allegation of sexual abuse (D-12.0103d) 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).

(Over)

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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)

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 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-11.0502h.

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 _____ to accept
(Presbytery Name) (Name)
this call and therefore has placed this call in the minister's hands.

Date of Action _____ (Signed) _____, Stated Clerk

By Candidate

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

Date of Acceptance _____ (Signed) _____