

**THE JOHN KNOX PRESBYTERY  
Annual Review of the Terms of Call**

The **Clerk of Session** should complete and return this report by **January 31, 2018** to:

The John Knox Presbytery  
P. O. Box 350  
Richland Center, WI 53581  
[jkp@jknox.org](mailto:jkp@jknox.org)

NAME OF CHURCH \_\_\_\_\_  
MAILING ADDRESS \_\_\_\_\_  
CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_  
TELEPHONE \_\_\_\_\_ FAX \_\_\_\_\_ E-MAIL \_\_\_\_\_

NAME OF TEACHING ELDER \_\_\_\_\_  
\_\_\_\_\_ Full-time  
\_\_\_\_\_ Part-time (\_\_\_\_\_ hours per week **OR** \_\_\_\_\_ percentage of full-time)

**I. Review Process (G-1.0501; G3.0201)**

A. Did the session or its designated committee meet with the teaching elder regarding the adequacy of compensation before presenting the results to the congregation? \_\_\_\_\_ yes \_\_\_\_\_ no  
If "yes," briefly describe the process: \_\_\_\_\_  
\_\_\_\_\_

B. Did the congregation review and act upon the adequacy of compensation for the teaching elder?  
\_\_\_\_\_ yes \_\_\_\_\_ no  
  
If the church is "yoked" with other churches, briefly describe the process by which each church determined the percentage of compensation it would provide \_\_\_\_\_  
\_\_\_\_\_

C. Were all parties satisfied with the process? \_\_\_\_\_ yes \_\_\_\_\_ no  
(If "no," explain on a separate sheet of paper.)

**II. Attach a copy of the Board of Pensions form (ENR-111) **OR** complete the back side of this form.**

**III. Minimum requirements**

- A. Does your church provide your teaching elder with at least two weeks annual study leave and a minimum of \$600 for continuing education? \_\_\_\_\_ yes \_\_\_\_\_ no
- B. Does your church provide your teaching elder with at least four weeks annual vacation time?  
\_\_\_\_\_ yes \_\_\_\_\_ no
- C. Does your church reimburse your teaching elder at the IRS-allowable rate for mileage?  
\_\_\_\_\_ yes \_\_\_\_\_ no
- D. Does your church provide your teaching elder with full coverage in the Board of Pensions Benefit Plan?  
\_\_\_\_\_ yes \_\_\_\_\_ no

If the answer to any of the above questions is "no", please explain: \_\_\_\_\_  
\_\_\_\_\_

**IV. Would the session like the Committee on Ministry to provide suggestions and/or assistance regarding the Annual Review of the Terms of Call? \_\_\_\_\_ yes \_\_\_\_\_ no**

**V. Further remarks or comments:**

**Effective salary remains the same as last year. No change in the Terms of Call. You may skip to the bottom of this page. Please sign and date form below.**

This congregation promises to pay the following compensation:

1. \$ \_\_\_\_\_ Annual cash salary  
Including employee contributions to 403(b)(9) plans, tax-sheltered annuity plans, salary reduction contributions to flexible spending accounts and cafeteria plans.
2. \$ \_\_\_\_\_ Housing, utility, and furnishings allowances.
3. \$ \_\_\_\_\_ Employing organization contributions to 403(b)(9) plans, tax-sheltered annuity plans, equity allowances.
4. \$ \_\_\_\_\_ Bonuses, overtime pay, unvouchered professional expense allowances, gifts from employing organization, manse equity allowances (unless contributed to a qualified deferred-compensation program).  
  
Include year-end or other bonuses, unvouchered allowances (such as expenses that are not paid through an accountable reimbursement plan), down payment grants for the purchase of a home, savings from interest-free or interest-reduced loans (not loan principal), and gifts paid by the employing organization. (Gifts received directly from private donors or honoraria are NOT included.)
5. \$ \_\_\_\_\_ Other allowances.  
  
Include all other forms of compensation not otherwise covered on lines 1-4, including medical deductible and medical expense reimbursement allowances not paid through a group benefit plan, insurance premiums for additional insurance coverage provided for individual employees (premiums for group plan coverage are not included) and others. If an allowance is provided to reimburse Self-Employment Contribution Act (SECA) tax obligations, any amount in excess of 50% of the minister's SECA tax obligation should be included on this line.
6. \$ \_\_\_\_\_ Manse amount (must be at least 30% of lines 1-5 for members residing in employer-provided housing).
7. \$ \_\_\_\_\_ **Total Effective Salary (sum of lines 1-6).**

The Board of Pension computes dues and determines benefits based on this amount.

Name (please print) \_\_\_\_\_  
Clerk of Session

Signature \_\_\_\_\_ Date \_\_\_\_\_