

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

The Clerk of Session should complete and return this report by **January 31, 2020** to:

The John Knox Presbytery
P. O. Box 350
Richland Center, WI 53581
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 _____