

THE JOHN KNOX PRESBYTERY

Annual Review of the Terms of Call

The Clerk of Session should complete and return this report by January 31, 2024 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 _____ 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

E. Has your church made provision for at least 12 weeks of annual parental/family leave as necessary? Yes No

F. Does your church provide your teaching elder the employer's portion of SECA as a set aside allowance? 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 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