

A Sample Agreement for Designated Pastor

The following covenant is between the _____ Church of _____ and

_____. It is for the purpose of providing full time pastoral care as a

Designated Pastor to serve for a period of _____ (# of years).

The Rev. _____ will become a member of the Presbytery of Northern Kansas upon release from his/her present presbytery and acceptance by the Commission on Ministry of this presbytery.

He/she shall serve this congregation as Designated Pastor beginning on _____.

The Designated Pastor will:

- Provide spiritual and administrative leadership for the congregation.
- Lead worship and administer the sacraments.
- Officiate at weddings and funerals;
- Provide pastoral care for the congregation and for all who seek comfort and guidance through the church.
- Serve as moderator of the session;
- Serve as head of staff;
- Assist boards and committees in their ministry.
- Train newly elected officers and assist in preparing persons for membership.
- Assist the session in the completion of a congregational mission study.
- Participate in the presbytery.

It is understood that the pastor is accountable to the presbytery through the Commission on Ministry and will provide quarterly written reports about his or her ministry and participate with this Commission and the Session in an evaluation of this ministry in _____ months.

Goals for this ministry are:

- _____
- _____
- _____
- _____

The compensation for this agreement shall be that in the attached Terms of Call. It is understood that following the _____ month review, the Designated Pastor may be extended for up to _____ or, after _____ years will be eligible to be called as the installed pastor. There shall be consideration of providing salary and related terms, as per contract, for a designated period of _____ to provide buffer protection for this kind of ministry. However, if the Designated Pastor departs at his/her initiation, salary and related terms of call will discontinue on the last day of service to the church.

Terms of Call

The _____ *Presbyterian Church* of _____ Kansas, belonging to the Presbytery of Northern Kansas, being well satisfied with _____ qualifications for ministry and confident that we have been led to him/her by the Holy Spirit as one whose service will be profitable to the spiritual interests of our church and fruitful to the Kingdom of our Lord, earnestly and solemnly call you, _____ to undertake the office of Designated Pastor of this congregation, promising you in the discharge of your duty all proper support, encouragement and allegiance in the Lord.

That _____ may be free to devote him/herself full time to the ministry of the word and sacrament among us, we promise and obligate ourselves to pay _____ the sum of \$ _____ a year in regular monthly payments. Further, we promise to provide him/her the terms of agreement as printed on the attached Report of Annual Review of Teaching Elder Compensation.

We shall pay regularly in advance to the Board of Pensions a sum equal to that requisite percent of your salary which may be fixed by the General Assembly of the Presbyterian Church (USA) for participation in its Benefits Plan, during the time of your being in the pastoral relationship set forth in this call to this church. We further promise and obligate ourselves to review with you annually beginning _____ (*Date*) the adequacy of this compensation.

In testimony whereof we have subscribed our names this _____ day of _____ A.D. (*Year*).

_____ for the congregation of _____ *Church*,
duly elected and authorized to execute this agreement.

_____ Designated Pastor

_____ For the Commission on Ministry

_____ Moderator of congregational meeting ____ (date)

PRESBYTERY OF NORTHERN KANSAS
REPORT OF ANNUAL REVIEW OF CLERGY COMPENSATION FOR 2020

Name of Church _____ City _____

Name of Pastor _____

Even if the compensation and benefit package is the same as last year, please complete the form. Be sure the clerk of session and the pastor sign the form.

SERVICE: ___ Full-time ___ 3/4 Time ___ 1/2 Time ___ 1/4 Time ___ Other %
(Please see: Expectations for Full Time and Part Time Pastors: Guidelines for Negotiating Agreements for examples of what each level of service could include.)

COMPENSATION	(Yearly Total)
1. Cash Salary (includes any Employee contributions to 403b, etc)	1. \$ _____
2. Housing Allowance (includes utilities, furnishings, etc)	2. \$ _____
3. Employer Contributions	3. \$ _____
4. SECA allowances (in excess of 50%)	4. \$ _____
5. Other Allowances	5. \$ _____
6. Bonus	6. \$ _____
7. Total of Lines #1-6	7. \$ _____
8. Manse value (Must equal at least 30% of total of line 7)	8. \$ _____
9. EFFECTIVE SALARY (lines 7 + 8 and must be at least \$47,951.84 for full-time position or pro-rated for a part-time position.)	9. \$ _____
10. SECA Tax Allowance	10. \$ _____
11. TOTAL COMPENSATION (lines 9 + 10)	11. \$ _____

OTHER COSTS TO THE CHURCH

12. BENEFITS PLAN DUES 12. \$ _____

*For both PC(USA) and non-PC(USA) pastors serving congregations at or above 20 hours/week -- Churches shall provide the Board of Pensions Pastor's Participation Plan (medical, pension, death and disability) for all Installed Teaching Elders serving congregations and their spouse/dependents. For all other Teaching Elders (Interim Pastors, Designated Pastors, Stated Supplies, etc.) churches shall provide the Board of Pensions Pastor's Participation Plan OR 100% of retirement pension, death and disability through the Board of Pensions PLUS a dollar amount which is the greater of 25% of total effective salary or 25% of the minimum participation basis of the traditional plan (\$11,000 based on the \$44,000 minimum basis for 2020) for medical coverage of the employee's choice (Board of Pensions PPO plan, EPO plan, Qualified HDHP, or other local option) for employee/spouse/dependents. (If the employee chooses a qualified high deductible plan, and if premium is less than this amount, the remainder may be put in to a Health Savings Account.) **Exceptions to this requirement will ONLY be considered if a written request for waiver is accompanied by proof of equivalent medical insurance coverage provided by spouse's employer, the VA, military, etc.** PLEASE ENTER THE ANNUAL BENEFITS PLAN DUES from your 2020 BOP Agreement or a 2020 BOP Invoice on Line 21 above.*

13. Vouchered business expenses:
- a. Automobile Expenses (vouchered at *Current IRS rate*) 13a. \$ _____
 - b. Continuing Education Reimbursements 13b. \$ _____
(*Must be at least \$1,000 for full-time. Part-time contracts will be prorated as a percentage of full-time.*)
 - c. Other Business and Professional Expenses 13c. \$ _____
14. Group Medical Deductible, Coinsurance and Dental Premiums 14. \$ _____
- 15. TOTAL OTHER COSTS (Sum of #12-14) 15. \$ _____**
- 16. TOTAL PACKAGE (Sum of #11 + #15) 16. \$ _____**

17. Vacation leave is for four weeks including four Sundays. (*Additional vacation time may be negotiated.*)

18. Continuing Education or Study Leave is for two weeks including two Sundays.
(*Time made available for Continuing Education is in addition to the vacation time included in this agreement.*)

Continuing Education or Study Leave time allowed _____ weeks.

Last year's continuing education was used to: _____

Was there any unused study leave or allowance at the end of the year? ___yes ___no

If yes, was the time and money: _____ recorded in the Session Minutes as accumulated for a future year or _____ forfeited?

19. The Personnel Committee and Session have reviewed the Presbytery Sabbatical Policy and the Continuing Education Policy. ___yes ___no

The Pastor will be eligible for a sabbatical on _____(*date*).

(*Only Pastors serving in full time positions are eligible for a sabbatical under the presbytery's policy. The terms of call of every pastor includes participation in the Presbytery's Sabbatical Policy whether it is specifically stated or not.*)

20. The annual performance review was conducted by the Session with the Pastor on _____ (*date*).

21. The annual compensation review was conducted by the Session with the Pastor on _____ (*date*).

22. We have reviewed the Presbytery of Northern Kansas 2020 Minimum Salary Guidelines and these terms meet those requirements. ___yes ___no

Signed _____ Date _____
(Clerk of Session)

Signed _____ Date _____
(Pastor)

PLEASE RETURN THIS FORM BY FEBRUARY 15, 2020 TO:
Presbytery of Northern Kansas, PO Box 3287, Salina, KS 67402-3287
OR BY EMAIL TO office@pnks.org OR BY FAX TO 785-825-5071