

STATED SUPPLY AGREEMENT
Minister (member of PNK)

A. This agreement is between the _____ Presbyterian Church,
_____, Kansas and _____, and the Presbytery of Northern
Kansas.

It shall be for a period of _____, beginning _____, and will
automatically end on _____. The agreement may be renewed with or
without changes for any period up to twelve additional months upon the consensus of the
Minister, the Session, and the Presbytery through the Commission on Ministry and either party
agrees to provide 60-day written notice of intention to not renew this agreement.

This is a full / three quarter / half / one quarter time position. (Circle one)
Please see *Expectations for Full Time and Part Time Pastors: Guidelines for Negotiating
Agreements* for examples of what each level of service could include.

B. Activities of the Minister shall include:

- 1.
- 2.
- 3.
- 4.
- 5.
- 6.
- 7.
- 8.
- 9.

C. The Minister will be accountable to the Presbytery of Northern Kansas through the
Commission on Ministry.

D. Terms of Agreement are outlined in the attached Report of Annual Review of Clergy
Compensation. (See PNK Minimum Salary Policy for current minimum salary requirements.
Salary for part-time positions is figured by pro-rating full-time salary.)

Signature of Minister

Date

Signing for the Church

Date

Signing for the Presbytery of Northern Kansas

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