

TEMPORARY SUPPLY AGREEMENT

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 Temporary Supply, the Session, and the Presbytery through the Commission on Ministry and either party agrees to provide 30-day written notice of intention to not renew this agreement.

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.

B. Primary activities of the Temporary Supply shall include:

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

C. The Temporary Supply 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 Commissioned Ruling Elder Compensation. (See PNK Minimum Salary Policy for current minimum salary requirements. Salary for part-time positions is figured by pro-rating full-time salary. NOTE: use the Report of Annual Review of Clergy Compensation for temporary supply pastors that are ordained clergy.)

Signature of Temporary Supply

Date

Signing for the Church

Date

Signing for the Presbytery of Northern Kansas

Date

PRESBYTERY OF NORTHERN KANSAS
REPORT OF ANNUAL REVIEW OF COMMISSIONED RULING ELDER
COMPENSATION FOR 2020

Name of Church or Employing Agency _____

Address _____

Name of Commissioned Ruling Elder _____

*Even if the compensation and benefit package is the same as last year, please complete the form annually.
Be sure the clerk of session and the commissioned ruling elder 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
\$40,759.06 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. \$ _____

Churches shall provide 100% of retirement pension, death and disability through the Board of Pensions for Commissioned Ruling Elders if they are contracted for 20 hours a week or more. Additionally, churches shall provide 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 they are contracted for 20 hours a week or more. (If the employee chooses a qualified high deductible plan, and if premium is less than this amount, the remainder may be put into 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 the first 2020 BOP Invoice on Line 12 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 Commissioned Ruling Elder will be eligible for a sabbatical on _____(date).

(Only Commissioned Ruling Elders serving in full time positions are eligible for a sabbatical under the presbytery's policy.)

20. The annual performance review was conducted by the Session with the Commissioned Ruling Elder on _____ (date).

21. The annual compensation review was conducted by the Session with the CRE 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 _____
 (Commissioned Ruling Elder)

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