

DEFINITION OF COMPENSATION, BENEFITS, and OTHER PROVISIONS FOR THE PASTOR

Church (or agency/institution/organization) name _____

Pastor's name _____ For the period _____ to _____
 (date) (date) (date)

A. COMPENSATION and Benefits

	Current	Guideline goal	Agreed amt.
1. Base salary (including cash housing allowance, if any)	\$ _____	\$ _____	\$ _____
2. Self-employment Social Security payment allowance (recommended 0.765% of base salary)	\$ _____	\$ _____	\$ _____
3. If parsonage is provided and used:			
a. Utilities allowance	\$ _____		\$ _____
b. Furnishings allowance	\$ _____		\$ _____
c. Housing equity allowance	\$ _____		\$ _____

B. PENSION AND OTHER BENEFITS

The congregation will sponsor the pastor in the Pension and Other Benefits Program of the E.L.C.A., which provides retirement, disability, survivor, and medical-dental coverage. (*Sponsorship will include medical-dental coverage for the pastor's spouse and children unless they have other employer-provided group medical insurance coverage and the pastor consents to waiving medical-dental coverage for them under the ELCA Pension and Other Benefits Program.*)

1. ELCA Pension and Other Benefits Program: [Pension is to be 10-12%; other coverage percentages are set in August for the following year.]

- a. ELCA pension at _____ % of defined compensation:
 (Defined compensation equals salary, cash housing allowance, and Social Security allowance when NO parsonage is provided and used. When a parsonage is used, defined compensation is the sum of 130% of salary plus Social Security allowance.) \$ _____
 - b. ELCA medical and dental insurance (check one below): _____ % of defined compensation
 _____ a. Member only _____ b. Member and spouse _____ c. Member and children
 _____ d. Member, spouse, and children _____ e. coverage waived \$ _____
 - c. ELCA disability, survivor, and other coverage: _____ % of defined compensation \$ _____
2. Other insurance or benefits: _____ \$ _____

C. CONGREGATION EXPENSES The congregation will provide for the following expenses related to this pastor's ministry:

1. Auto and travel re-imbursement \$ _____
2. Other profession expenses \$ _____
3. Expenses for official meeting of the synod (e.g., Synod Assembly, Bishop's Leadership Days, etc.) \$ _____
4. Continuing education (\$1000 recommended; \$750 is considered minimum) \$ _____
5. Other: _____ \$ _____
6. Pay the moving expenses to this field of service as follows: _____

D. AGREEMENT

1. Vacation time of _____ weeks per year (minimum is 4 weeks), including Sundays;
2. Continuing education time of _____ weeks per year (recommended minimum of two weeks per year that may be accumulated up to three years) as reflected in a continuing education agreement developed by the pastor and congregational council;
3. Participation in and payment for a First Call Theological Education Program where applicable;
4. On-going care through a Mutual Ministry Committee;
5. Up to two months of continued salary, housing, and contributions to the ELCA Pension and other Benefits Program in a 12-month period in the event that the pastor is physically or mentally disabled (provision may be made for further unpaid time for disability recovery as agreed by the congregation but with the stipulation that unused accumulated disability leave will not be compensated at the end of this call);
6. Sabbatical agreement: _____ months after _____ years of service (see page 5, number 4 under "Benefits for Clergy".
7. Where applicable, parental leave up to six weeks with full salary and benefits.

E. OTHER PROVISIONS

Please put in writing four or five special emphases of the pastor as well as four or five ways the congregation will encourage and support the pastor during the time frame of this agreement.

F. OTHER MATTERS

Please put in writing such things as accountabilities, service on synodical or churchwide boards and committees, work in church camp programs, or other such details.

We, the undersigned, certify that the necessary approvals of the congregation and congregation council have been granted for the provisions set forth above.

Pastor's signature _____

Date _____

Congregation President's signature _____

Date _____