

Definition of Compensation, Benefits, And Responsibilities of the Pastor

Prepared by _____

for the Reverend _____

for the period: _____ to _____

A. COMPENSATION

- **With a Parsonage:**

- | | |
|--|----------|
| 1. Base Salary | \$ _____ |
| 2. Housing as parsonage (use Fair Rental Value) | \$ _____ |
| 3. A. Household furnishings allowance* | \$ _____ |
| B. Utilities allowance* | \$ _____ |
| (*Note: list these amounts only if they are to be paid to the pastor directly) | |
| 4. Total of 1 + 2 + 3A. + 3B. | \$ _____ |
| 5. Social Security tax allowance (8.29% minimum of line 4) | \$ _____ |
| 6. Total of 4 + 5 (this is the annual defined compensation) | \$ _____ |
| 7. Total of 1 + 3A. + 3B. + 5 (This is how much you actually pay your pastor directly) | \$ _____ |

- **Without a Parsonage:**

- | | |
|--|----------|
| 1. Base Salary + Housing Allowance (Housing Allowance for ordained rosters only) | \$ _____ |
| 2. Social Security tax allowance (8.29%) | \$ _____ |
| 3. Total of 1 + 2 (this is the annual defined compensation) | \$ _____ |

B. PENSION AND OTHER BENEFITS

The congregation will sponsor the pastor in the Pension and Other Benefits Program of the Evangelical Lutheran Church in America, 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 at _____% of defined compensation
2. ELCA Medical and Dental Insurance (check one below):

<input type="checkbox"/> a. Member only	<input type="checkbox"/> c. Member and children	<input type="checkbox"/> e. Coverage waived
<input type="checkbox"/> b. Member & spouse	<input type="checkbox"/> d. Member, spouse, & children	
3. Other insurance or benefits: _____ \$ _____
 _____ \$ _____
4. Housing Equity Contribution (if parsonage is provided) \$ _____
 (*Note: This amount is paid to the Portico and goes directly into the pastor's retirement account pre-tax.)

C. EXPENSES

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

- | | |
|--|----------|
| 1. Automobile and travel allowance | \$ _____ |
| 2. Other professional expenses | \$ _____ |
| 3. Expenses for official meetings of the synod, as reimbursed | \$ _____ |
| 4. Continuing education (\$1,000 recommended; minimum \$700 from calling source) | \$ _____ |
| 5. Other _____ | \$ _____ |
| 6. Pay the moving expenses to this field of service as follows: _____ | |

D. AGREEMENT

1. Vacation time of _____ days per year, 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 a First-Call Theological Education Program, where applicable;
4. Ongoing 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; and
6. Eight weeks of parental leave with full salary, housing, and benefits, but not less than six weeks, to be taken within the first twelve months following the birth of a child or the placement of an adopted child.

E. OTHER PROVISIONS

Special emphases of the pastor and special encouragement by the congregation:

1. During this time period, the pastor will give special attention in ministry to the following:

- (a) _____
- (b) _____
- (c) _____
- (d) _____
- (e) _____

2. The congregation will encourage this pastor's ministry in the following ways:

- (a) _____
- (b) _____
- (c) _____
- (d) _____
- (e) _____

F. OTHER MATTERS

(Such 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 congregational council have been granted for the provisions set forth above.

 Congregation President

 Council Secretary

Date: _____

I certify that I accept the above statement:

The Reverend _____ Date of Signature: _____